



COUNTY BOROUGH OF SWANSEA

ANNUAL REPORT

of the

Medical Officer of Health

FOR THE YEAR

1955

C O U N T Y B O R O U G H O F S W A N S E A .

A N N U A L R E P O R T

of the

M E D I C A L O F F I C E R O F H E A L T H

F O R T H E Y E A R

1955.

HEALTH COMMITTEE.

Constitution 1955-6.

His Worship the Mayor, *
Councillor Percy Morris, J.P., M.P.

Chairman - Alderman D.J. Fisher *
Vice-Chairman - " Dr. T.C. Mort *

Alderman Mrs. R. Cross J.P. *	Councillor Dr. L.W. Hefferman *
" Mrs. E. Jones *	" A. Morgan *
" D.M. Williams	" A.L. Reed *
Councillor D.F. Bevan	" E.A.F. Smith
" F.A. Gorst *	" H.F. Strawford
" R. Gronow J.P. *	" C.H. Thomas
" Mrs. M. Hathaway	

* Members of the Standing Sub-Committee.

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PREFACE.

To the Mayor, Aldermen and Councillors
of the County Borough of Swansea.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Annual Report in accordance with Articles 6(3) and 17(5) of the Sanitary Officers (Outside London) Regulations 1935 and 151, and Circular 17/55 (Wales) dated 23rd November, 1955.

The report follows on the same lines as that of previous years and where changes have been made in any of the work administered by the Department, they are mentioned in the context of the Report.

Vital Statistics.

The mid-year population as estimated by the Registrar-General was 161,300, a reduction of 200 on that of the previous year, but nevertheless more than that of the last census in 1951, 160,988. There was a natural increase in the population of 210 as compared with 312 in the previous year.

The live birth rate, 14.6 per 1,000 population was less than that for the previous year 14.7 per 1,000 population, and compares with the rate of 15.0 per 1,000 for England and Wales.

The still birth rate was 0.40 per 1,000 population, and higher than that for the year 1954 0.38 per 1,000 population. Both the number of stillbirths 64 and the rate 0.40 per 1,000, were the highest since the year 1949 and close attention is being paid to this problem, particularly better ante-natal care for the mother.

The stillbirth rate per 1,000 total births was 26.4, compared with a rate of 23.1 per 1,000 for England and Wales.

The number of deaths registered during the year was 2,147, the crude death rate per 1,000 population being 13.31. The comparative figures for the previous year were 2,069 and 12.81. The figures for England and Wales for 1955 are 11.7 per 1,000 population.

Of every 100 deaths registered, 38 were in respect of people who were aged 75 years and over and 65 in respect of people who were 65 to 74 years of age.

The number of deaths from tuberculosis was 35 (30 respiratory, 5 non-respiratory) which is the lowest recorded in the borough, whilst the rate of 0.22 per 1,000 population is the same as last year, the lowest rate recorded. These figures must be a source of gratification to all but there is still much work to be done, as is amply shown by the number of new notifications during the year, and when compared with the death rate for England and Wales 0.13 per 1,000 population.

Again there was an increase in the number of persons who died from carcinoma of the lung - 74, as compared with 63 for the previous year. This figure is more than twice the number of people who died from tuberculosis during the year. Of the 74 who died, 70 were males, and of these, 39 were in the age group 45 - 64 years. The total number of persons who died from cancer was 364, i.e. of every 100 persons dying, 17 died from cancer.

The death rate for cancer of the lung and bronchus was 0.46 per 1,000 and all other forms of cancer 1.80. Comparative figures for England and Wales were 0.39 and 1.67 per 1,000 respectively.

The number of infant deaths was 68, giving a rate of 29 per 1,000 live births. These figures are higher than those for the previous year namely 63 and 26. The rate for England and Wales for 1955 was 24.9 per 1,000 related live births. 46 neo-natal deaths were registered, a rate of 19.5 per 1,000 live births. The rate for England and Wales was 17.3 per 1,000 related live births.

One maternal death was recorded.

Infectious Diseases and Artificial Immunity.

The number of cases notified during the year was 4,349 of which 3,675 were due to measles. An increase in the number of notifications of measles was expected in view of the absence of the infection in the previous year, but the number notified was the highest since 1946, the number being then 2,471.

Dysentery proved to be most troublesome throughout the year and notifications were high. However, by patient investigation and the splendid co-operation of the family doctors and the families themselves, it was well controlled and did not flare up in epidemic form.

The outstanding event of the year, particularly from an infectious disease point of view was the American announcement of the development of the Salk vaccine used as a protection against poliomyelitis. It was not available in this country but in January of 1956, the Minister of Health issued a circular which dealt with proposals to be submitted by local authorities for the preparation of a scheme for the vaccination of children against the disease. A programme of vaccinations against poliomyelitis was undertaken in 1956 and this will be reported in my next year's report.

For the seventh year in succession there was no notification of diphtheria, but the very absence of this dreaded disease can be a danger. Parents are becoming too complacent and lose sight of the fact that it is most necessary to maintain a high level of immunisation. This in spite of every effort of educating the public, by means of lectures, propaganda and talks by health visitors. Elimination of the disease is conditional upon an adequate level of immunisation.

The same warning can be given with regard to Smallpox. We are fortunate that this dreaded disease has not shown itself in our town for a very long time, but it has attacked certain areas of this country during the last ten years. Whilst the level of vaccination is slowly improving, far too few infants are vaccinated, a serious menace to community health in these days of rapid air travel. The staff of the Health Department are vaccinated every three years.

Maternity and Child Welfare.

Two additional welfare centres were opened during the year, one at Treboeth and the other at Bonymaen. In both cases, the centres are near new housing estates and have satisfied a much felt need.

Another event of importance in this field was the formation of a Mothers' Club in Mumbles, based on the Norton Villa Clinic. One evening session weekly is devoted to this club which is organised by the mothers themselves who are encouraged by the voluntary effort of the medical and health visiting staff. Its development will be watched with interest and if it proves the success anticipated, consideration will be given to the formation of more clubs at other clinics. The main theme of the club is Health Education. The value of talks given at a baby clinic, although appreciated by the mothers is limited because of the distractions that are bound to occur. Mothers are also anxious to get home to prepare meals, and to meet their children from

school etc. An evening meeting enables them to attend without any worries and other distractions, and they are able to relax and enjoy discussion groups.

Midwives.

The midwifery section functioned smoothly throughout the year. Although the number of domiciliary confinements is becoming less, far more cases are being discharged from maternity hospitals to the care of midwives before the fourteenth day. In many instances mothers and their babies are discharged from hospitals as early as the third day after confinement. Is this procedure wise? It would appear that there are insufficient beds to meet the demand.

Health Visitors.

Great difficulty is still being experienced in securing a sufficient number of health visitors. The shortage is country wide. Despite this shortage, every opportunity has been taken to establish an all embracing health visiting service. The report of the Working Party set up by the Ministry of Health to review the duties of health visitors was published in 1956 and will be mentioned in my report for that year.

District Nurses.

The demand for the services of the district nurse remains very high, although the number of cases nursed during the year was less than that for the previous year, the reason for the decrease being due to the fact that most of the injection therapy is now being undertaken by the general practitioners. This reduction has enabled the nurses to devote far more attention to nursing care, especially of the aged.

A male district nurse commenced duty during the year. This is the first appointment of its kind. It is too soon yet to say whether it will become necessary to employ further male nursing staff, but the position is being watched closely.

Tuberculosis.

The number of notifications during the year was less than during the previous year, whilst the number of deaths registered was the lowest recorded. This state of affairs is most encouraging but our efforts to eradicate the disease must in no way be relaxed. B.C.G. vaccination can play a most important part in the programme of prevention and included in the context of my report there is an account of our first B.C.G. vaccination programme for children in their thirteenth year, under Circular 27/53 (Wales).

Domestic Help.

483 aged, infirm and chronic sick cases were provided with domestic help out of a total of 583 cases assisted. These figures indicate that the domestic help service is making a positive contribution to the care of the aged in their own homes. Much thought has to be given to the planning of the help given to the aged for, with the existing establishment of helps, there must be some form of restriction if a greater number are to be provided with help, and the aged themselves must also be encouraged under the guidance of health visitors, district nurses and welfare officers to do a certain amount for themselves.

Mental Health.

Whilst there is no definite evidence that the incidence of mental illness is increasing, it is one of the most serious problems with which we are being faced. During the latter part of the year, arrangements were being finalised for the health visitors to be given a series of talks by the Consultant Psychiatrist on the whole question of mental health.

It was thought that the health visitor could play an increasingly important part in this field of prevention, particularly in view of the fact that she was well known to most families in the district and was in their confidence. If she saw any early signs of mental ill health, she could discuss the matter freely with the family doctor and, in this way, by ensuring that the patient had appropriate treatment in the early stages, possibly save a complete "breakdown".

With regard to Mental Deficiency, our big problem at the moment is the provision of suitable accommodation for the Industrial and Occupation Centres. Adaptation work is being carried on at the present Industrial Centre, Clifton Row, and the Centre has been removed temporarily to a Church Hall in James Street. The accommodation provided here is far from satisfactory but, due to the difficulty of obtaining suitable alternative accommodation, there was very little choice in the matter. Nevertheless, it is hoped that the adaptation work in the existing centre will be completed within a year and, when completed, the Industrial Centre will then have satisfactory accommodation with suitable furnishings and equipment.

With regard to the Occupation Centre, many sites have been investigated with a view to building a new Centre but, in each case, there have been difficulties. However, in November, a site adjacent to Hill House Hospital, at Broadway, Sketty, was considered suitable and the Council approved that plans for the new Centre should be submitted to the Ministry for approval.

National Assistance Act - Local Authority Services.

When a programme of Homes for the Aged was planned, it was considered necessary to provide seven Homes. During the year under review, the seventh Home was completed. This was St. Margarets, Eaton Crescent, and in view of the success of West Cross House as a "mixed " Home, this too is used for the same purpose.

Despite the fact that the accommodation and amenities provided at these homes are first class, living in them is no substitute for a home of one's own, in a neighbourhood where one has lived for years amongst friends of long standing, the young, and in situations well known. The tendency is for many of the residents to become morose, disinterested and bored and it is in this direction that we will now have to pursue our work to overcome this increasing apathy.

Temporary Accommodation.

Also completed and brought into use during the year was Cwmllywd Hostel for Problem Families. This Hostel is situated in rural surroundings in the Waunarlwydd area of the town and was, at one time, the site of the Authority's Smallpox Hospital. A number of our problem families has hitherto been accommodated in Part III Accommodation (communal) at Mount Pleasant Hospital, where they were provided with practically every domestic service and full board. They made no effort to support or improve themselves, and accommodation in hospital premises was not the ideal place for rehabilitation. Consequently Cwmllywd was adapted and converted into self contained flats. The families must care for themselves and close supervision of their affairs is exercised by a specialist health visitor. The intention is to rehabilitate these families so that they can become useful members of the community. This is a big experiment in social therapy. Whether it will be a success is a matter of conjecture, but it won't be for lack of support, encouragement and friendly advice from the officers of the department. When the families are considered capable of managing their own affairs, the Housing Committee will be asked to provide a house for them, and for a while they will still be under the

strict supervision of the specialist health visitor. As they improve, they will be handed over to the district health visitor who will maintain a friendly interest in their problems. Although a number of families have been admitted to the Hostel, not one had been recommended for rehousing at the end of the year, but this aspect will be reported on more fully in my next year's report.

Aged Chronic Sick.

The problem of hospital accommodation for the aged chronic sick in our area is indeed a complex one. The real answer to this question is for the Regional Hospital Board to provide the necessary accommodation, but the matter is not so simple as it seems. There are other competing demands within the hospital service itself and, even if a start was made now to provide the accommodation required, it would be some years before it would become available. There are, in my opinion, two factors which make the matter acute. The first is the increasing number of chronic sick, due to the fact that people are living longer, and secondly many families now rely on the public services to look after their own folk, because they can't do so themselves or don't wish to do so. In view of this, the department is quite often approached by family doctors, who have failed to obtain hospital admission for their urgent cases. Every effort is made to assist in this matter and each case is visited and the degree of priority assessed. After this has been done, the Group Secretary of the local H.M.C. or the Medical Superintendents of the Hospitals providing accommodation for the chronic sick are contacted. In this connection, I must pay tribute to the hospital staff for their endeavours on our behalf. A happy relationship has been built up between the officers of both sections of the service in their joint efforts to promote the well-being of the patient. If a bed is not available, the domiciliary services of the local health authority are made available to the patient until such time as a bed is obtained.

Welfare of the Aged.

Every opportunity is taken to further the welfare of the aged. During 1954 a Swansea Old People's Welfare Committee was formed. This is a voluntary body which is doing a vast amount of good work for the aged in the area of the authority.

It has been arranged for the Chairman and Hon. Secretary of this Committee to meet me and my Lay Administrative Officer for regular discussions on matters of import to old people, and in this manner both the statutory and voluntary social services are working in the greatest unity for the welfare of the aged. Various members of the staff serve also on the voluntary committee.

Welfare of Handicapped Persons.

Blind.

There was an increase of 16 in the number of blind persons registered. Regular visits are made to all these handicapped persons. During the year it was decided to proceed with the provision of a municipal workshop for the blind and sighted disabled people, and a site was earmarked for this purpose at Morriston. Further negotiations in this matter will be reported next year.

Deaf and Dumb.

A scheme for the welfare of the deaf and dumb was approved during the year and it was made on the lines suggested in Circular 32/51(Wales). It was decided that the service could best be provided by employing the Swansea and Central Wales Mission to the Adult Deaf and Dumb as our agents. The scheme together with my report to the Committee is included in the context.

Other Classes.

At the end of the year, attention was being given to the preparation of a scheme for the welfare of other handicapped classes and this was submitted to the Ministry in 1956. Approval of the scheme has been received and all categories of handicapped persons are now receiving attention.

Environmental Services.

The outstanding event of the year was in August when Her Majesty Queen Elizabeth II was graciously pleased to inaugurate the new reservoir at Usk during her Welsh Tour. The supply from this reservoir was brought into service in October and a report kindly supplied by the Borough Water Engineer and Manager is included in the context. Repeated samples of the water from various check points were taken by this department and the results were generally good.

The Chief Sanitary Inspector and his staff, apart from dealing with the routine work of that section, were heavily engaged in the preparatory work necessary for the planning of a Slum Clearance scheme and also in connection with the new Food and Drugs legislation which was operative from the 1st January 1956. An account of these activities will be included in next year's report.

Acknowledgements.

I wish to thank the Chairman and Members of the Health Committee for their continued encouragement, help and support throughout the year.

I am also indebted to the chief officers of the other departments of the local authority for their friendly co-operation throughout the year and for their contributions to this report; and to the consultants, family doctors and all engaged in the medical and hospital services for their continued help and assistance.

Finally I wish to thank all members of my staff for their loyal assistance and support during the year.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient servant,

E.B. MEYRICK.

Medical Officer of Health.

COUNTY BOROUGH OF SWANSEA.

Public Health Officers.

Medical Officer of Health.

E.B. Meyrick, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

Deputy Medical Officer of Health.

A.J. Essex-Cater, M.R.C.S., L.R.C.P., D.C.H., D.P.H.,
D.I.H., F.R.A.I. .

Lay Administrative Officer.

S.F. Fisher.

Medical Staff.

Whole-time Assistant Medical Officers.

R.G. Richards, M.R.C.S., L.R.C.P.
D.E. Donald, M.B., Ch.B., (Glasgow)
M.R. Davies, M.B., B.Ch., M.R.C.S., L.R.C.P.
G.J. Lowe, M.R.C.S., L.R.C.P.
M.H. Wilde, M.B., Ch.B. (Aberdeen)

Part-time Assistant Medical Officer.

G.N. Ellis, M.B., B.S.

Temporary Part-time Assistant Medical Officers.

E. Hudson, M.B., Ch.B.

Consultants.

Chest Physician	T.W. Davies, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Gynaecologist	Vyvyan Davies
Ophthalmologist	F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.
Orthopaedic Surgeons	G.D. Rowley, B.Sc., M.B., Ch.N., M.Ch. Mervyn Evans, F.R.C.S.
Ear, Nose & Throat Surgeons	C.P. Robinson, M.B., M.Ch., B.A.O. F.R.C.S. J. Crowther, M.B., Ch.B., F.R.C.S.
Paediatrician	R.T. Jenkins, M.R.C.S., M.R.C.P., D.C.H.
Psychiatrist	G. Crosse, M.B., B.S., D.P.M.

Dental Staff - Whole-time.

Senior Dental Surgeon	H.N. Tiplady, L.D.S.
Senior Asst. Dental Surgeon	J.F. Herbert, L.D.S.
Asst. Dental Surgeons	N.J. Rowlands, L.D.S., R.C.S. (Edin.) Mrs. K.W.L. Hambury, L.D.S., R.C.S. H. Care, L.D.S., R.C.S.

Dental Staff - Part-time.

C.P. Morris, L.D.S.

Six Dental Attendants.

Consulting Veterinary Surgeon.

D.E. Pugh, M.R.C.V.S.

Public Analyst.

Stanley Dixon, M.Sc., F.R.I.C.S.

Sanitary Inspection
Chief Sanitary Inspector

D.F. Jones, C.R.S.I., Meat & Other Foods Certificate.

Deputy Chief Sanitary Inspector.

D.H. Jones, C.R.S.I., Meat & Other Foods Certificate

Ten Assistant Sanitary Inspectors.

Health Visitors & School Nurses.

Superintendent Health Visitor and School Nurse.

Mrs. M.E.I. Richards, S.R.N., S.C.M., H.V.C.

Chief Assistant Health Visitor and School Nurse.

Miss E.K.M. Williams, S.R.N., S.C.M., H.V.C.

Twenty-eight Full-time Health Visitors and School Nurses.

Clinic Nurses.

Ten Full-time Clinic Nurses

Scabies Treatment Centres.

Two Nursing Assistants.

Orthopaedic Staff.

Senior Orthopaedic Nurse.

Miss C.V. Thurston, M.C.S.P., Orthopaedic Certificate
2 Assistant Orthopaedic Nurses

Municipal Midwifery Service.

Medical Supervisor of Midwives.

G.N. Ellis, M.B., B.S.

Lay Supervisor of Midwives.

Miss M.A. Arthur, S.R.N., S.C.M.

Midwifery Teacher.

Mrs. R.J. Ratcliffe, S.R.N., S.C.M.

Eighteen full-time District Midwives.

District Nursing Service.

Superintendent District Nurse.

Miss I.M. Davies, S.R.N., S.C.M., Q.N., H.V.C.

Deputy Superintendent District Nurse.

Miss E. Bamford, S.R.N., S.C.M., Q.N.

Twenty-one full-time District Nurses

Four Temporary Part-time Relief Nurses

Mental Health Services.

Miss M.D. Collins, R.N. (M.D.)	Supervising & Authorised Officer.
L.J. Trafford	Assistant Supervising and Authorised Officer.
A.J. Penhorwood	Superintendent - Industrial Centre.
Mrs. E. Beale	Superintendent - Occupation Centre.
Miss G. Evans	Assistant Superintendent - Occupation Centre.
Mrs. S.J. Screech	Assistant Superintendent - Occupation Centre.
Mrs. F.M. Birchenough	Assistant Superintendent - Occupation Centre.
K.J. Johnson, S.R.N.	Assistant Superintendent - Industrial Centre.
R.D. Sims	do. do.

Residential Accommodation - Homes for Aged & Infirm.

W. Powell	Warden.
Miss L. Griffiths	Warden - Female Homes.
Miss V. Griffiths	Handicraft Instructress.

Administrative & Clerical.

Assistant Lay Administrative Officer.

J.H. Smith, A.C.C.S.

Administrative Assistants.

School Health Service	F. Thomas, D.M.A.
Welfare	J.D. Evans
General Health	S.G. Williams
Finance	H.G. Austin

Blind Welfare Officer.

Miss P.M. Jones, B.A.

Thirty-four Clerks and Typists.

Staff Changes - 1955.

Medical.

Dr. M.H. Thomson took up duties as Assistant (Temporary) Medical Officer on 1st March, 1955.

Dr. M.R. Davies was also appointed Assistant Medical Officer on 4th April, 1955.

The following Assistant Medical Officers resigned on the dates indicated:-

Dr. V. Simmons	-	24th September
Dr. J. Thomas	-	25th June

Dental.

Miss M.E. Carpenter relinquished her appointment as Dental Attendant on 20th August.

Miss M. Watson was appointed Dental Attendant on 8th August.

Mr. J.L.P. Rees discontinued part-time work in May 1955.

Health Visitors.

The following Health Visitors commenced duties on the dates indicated:-

Mrs. N.B. Llewellyn	...	1st March
Miss C. Exall		2nd May
Mrs. O.R. Evans		13th June
Mrs. G.A. Ellis		13th June
Miss G. Hodge		15th August
Miss I.M. Davies		31st October

The following Health Visitors resigned during the year:-

Miss E.L. Jenkins	...	19th January
Miss A.M. Stevens		14th March
Miss H.M. Thomas		31st March
Miss C. Williams		31st August
Miss P.M. Thomas		3rd December

Miss D. Sutton-Jones retired on 1st September after 31 years' service in the Department.

Miss V. Morgan commenced duties as Social Worker on 22nd June.

Clinic Nurses.

The following Clinic Nurses commenced duties on the dates indicated:-

Mrs. G. Davies	...	14th February
Miss J.E. Lethaby		13th June
Mrs. J.M.D. McNiff		15th August
Mrs. E.E. Lewis		15th August

Miss D.V. Applebee relinquished her appointment on 20th June.

District Nurses.

Miss E. Bamford was appointed Deputy Superintendent Nurse on 16th November.

The following District Nurses took up duties on the dates indicated:-

Mrs. M.L. Paulsen	...	24th February
Miss E.G. Williams		1st May
Mrs. D. Price		15th August
Mr. L.J. Coupland		1st September
Mrs. E.E. Evans		25th September

District Nurses (Contd.)

The following District Nurses relinquished their appointments on the dates indicated:-

Mrs. D.M. Thissen	...	12th March
Miss P.H. Morgans		2nd April
Mrs. M.E. Perkins		25th July
Miss M.E. Hutchins		31st August

Midwives.

The following were appointed Midwives on the dates indicated:-

Mrs. N. Burrows	...	12th January
Mrs. M. Edwards		6th June
Miss E.Y. Jones		6th July

Mrs. A.M.M. Pullin relinquished her appointment on 14th April.

Miss L. Leyshon and Mrs. C. Thomas retired on 22nd June and 19th October respectively.

Welfare.

Mrs. V. Rowlands and Miss A.K. Ward resigned on 13th October and 2nd July respectively.

Miss P.M. Jones joined the staff as Assistant Blind Welfare Officer on 4th July.

Miss V. Morgan (Health Visitor) was appointed Social Worker on 22nd June.

Mental Health.

The following joined the staff on the dates shown:-

Mrs. F.M. Birchenough, Assistant Superintendent,	...	25th April
Occupation Centre		
Mr. R.D. Sims, Assistant Superintendent,	...	26th Sep-
Industrial Centre		tember

Administrative and Clerical.

Mr. S.F. Fisher was appointed Lay Administrative Officer on 1st October in succession to Mr. T.L. James who retired on 24th September after 51 years' service with the Corporation.

Mr. J.H. Smith succeeded Mr. S.F. Fisher as Assistant Lay Administrative Officer on 1st October.

The following joined the staff on the dates shown:-

Miss D. Davies	...	1st March
Miss P. Ronan		1st April
Miss A. Yonge		13th April
Miss J. Owen		9th May
Mr. P.F. Davies		27th July
Mr. N. Lodwick		3rd August
Mr. A.H. Wooles		24th October
Mr. K.C. Mortimer		14th November
Miss R.H. Webb		14th November

Miss S.M. Sampson commenced duties on 11th July but resigned on 10th September.

Resignations were also received from the following members of the staff on the dates shown:-

Miss V. Starling	...	29th January
Miss S. Jones		3rd March

Administrative and Clerical (Contd.)

Miss E.M. Petersen	...	21st March
Mr. T.H. Edwards		18th June
Miss B.M. Spooner		16th July
Miss N.I. Wallace		7th October

Speech Therapists.

Mrs. P.L. Scriminger who commenced duties on 31st January resigned her appointment on 3rd September.

Sanitary Inspectors.

Mr. W.F. Strawbridge was appointed Food Preparation Officer on 1st April in succession to Mr. D.C. Llewellyn who resigned on the 8th March.

Resignations were also received from the following Sanitary Inspectors:-

Mr. J.H. James	...	2nd July
Mr. T.G.V. Radford	...	12th November

Disinfestation Officer.

Mr. C.P. Heywood resigned his appointment as Disinfestation Officer on 4th June.

GENERAL STATISTICS.

Area of Borough in acres excluding foreshore	...	21,600
" " " " " including "		24,241
Population 1951 Census		160,988
" Mid 1955, Registrar General's estimate		161,300
Density of population per acres		7.5
Rateable Value - 1st April, 1955		£1,179,355
Penny rate products - nett		£4,651

BIRTHS AND DEATHS REGISTERED DURING THE YEAR.

LIVE BIRTHS.

		<u>Total.</u>	<u>Legitimate.</u>	<u>Illegitimate.</u>
Males	...	1,185	1,153	32
Females	...	<u>1,172</u>	<u>1,138</u>	<u>34</u>
Total	...	<u>2,357</u>	<u>2,291</u>	<u>66</u>

STILL BIRTHS.

Males	...	29	28	1
Females	...	<u>35</u>	<u>33</u>	<u>2</u>
Total	...	<u>64</u>	<u>61</u>	<u>3</u>

DEATHS.

INFANTS UNDER ONE YEAR OF AGE.

Males	...	43	41	2
Females	...	<u>25</u>	<u>25</u>	<u>-</u>
Total	...	<u>68</u>	<u>66</u>	<u>2</u>

INFANTS UNDER FOUR WEEKS.

Males	...	29	29	-
Females	...	<u>17</u>	<u>17</u>	<u>-</u>
Total	...	<u>46</u>	<u>46</u>	<u>-</u>

TOTAL DEATHS - ALL CAUSES *

Males	...	1,186
Females	...	<u>961</u>
Total	...	<u>2,147</u>

MATERNAL DEATHS.

One - age 31 yrs. Acute cor pulmonale due to Pulmonary
 embolism from pelvic vein thrombosis
 due to pregnancy. Natural causes.
 Coroner's P.M. without Inquest.

* The figure for deaths includes those members
of the Armed Forces who were stationed in the
area.

Cause of Death.	Sex	AGE GROUPS							Total in Sexes	Total each Cause
		Under 1	1-	5-	15-	25-	45-	65-	75-	
1. Tuberculosis - respiratory ...	M	-	1	-	1	5	12	3	1	23
	F	-	-	-	1	4	1	1	-	7
2. " - other ...	M	-	-	-	1	2	1	-	-	4
	F	-	-	-	-	-	1	-	-	1
3. Syphilitic disease ...	M	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	1	1	-	2
4. Diphtheria ...	M	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-
5. Whooping Cough ...	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
6. Meningococcal infections ...	M	1	1	-	-	-	-	1	-	3
	F	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis ...	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
8. Measles ...	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases ...	M	-	-	-	1	-	-	-	1	2
	F	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach ...	M	-	-	-	-	1	12	15	8	36
	F	-	-	-	-	1	7	15	16	39
11. " " lung, bronchus ...	M	-	-	-	-	2	39	22	7	70
	F	-	-	-	-	-	3	1	-	4
12. " " breast ...	F	-	-	-	-	6	12	9	6	33
13. " " uterus ...	F	-	-	-	-	-	10	-	1	11
14. Other malignant and lymphatic neoplasms ...	M	-	-	1	-	4	36	27	22	90
	F	-	-	-	-	6	25	20	30	81
15. Leukaemia, aleukaemia ...	M	-	-	1	-	-	-	-	-	1
	F	-	-	-	-	1	-	-	-	1
16. Diabetes ...	M	-	-	-	-	-	-	-	2	2
	F	-	-	-	-	-	-	-	-	-
17. Vascular lesions of nervous system ...	M	-	-	-	-	-	5	4	3	12
	F	-	-	1	-	4	32	43	75	155
18. Coronary disease, angina ...	M	-	-	-	-	2	34	51	84	171
	F	-	-	-	-	7	81	59	53	200
19. Hypertension with heart disease ...	M	-	-	-	-	-	24	37	45	106
	F	-	-	-	-	1	9	13	12	35
	F	-	-	-	-	-	6	15	22	43

Cause of Death	Sex	A G E G R O U P S							Total in Sexes	Total each Cause
		Under 1	1-	5-	15-	25-	45-	65-	75-	
20. Other heart disease ...	M	-	-	-	-	3	18	33	118	303
	F	-	-	-	-	7	29	32	63	
21. Other circulatory disease ...	M	-	-	-	-	1	5	15	35	99
	F	-	-	-	-	-	5	12	26	
22. Influenza ...	M	-	-	-	-	-	1	2	1	15
	F	1	-	-	-	1	1	1	7	
23. Pneumonia ...	M	9	-	-	-	1	11	11	12	69
	F	2	-	-	1	1	5	4	12	
24. Bronchitis ...	M	1	-	-	-	1	32	37	30	135
	F	1	-	-	-	1	6	8	18	
25. Other diseases of respiratory system ...	M	-	1	-	-	-	3	6	2	17
	F	-	-	-	-	-	2	1	2	
26. Ulcer of stomach and duodenum ...	M	-	-	-	-	2	10	6	4	23
	F	-	-	-	-	-	-	-	1	
27. Gastritis, enteritis and diarrhoea ...	M	-	-	-	-	2	-	1	1	7
	F	-	-	-	-	-	-	1	2	
28. Nephritis and nephrosis ...	M	-	1	-	-	1	5	4	1	18
	F	-	-	-	-	-	2	1	3	
29. Hyperplasia of prostate ...	M	-	-	-	-	-	2	8	16	26
30. Pregnancy, childbirth, abortion ...	F	-	-	-	-	1	-	-	-	
31. Congenital malformations ...	M	10	2	2	-	-	1	-	-	27
	F	6	3	-	1	2	-	-	-	
32. Other defined and ill-defined diseases ...	M	22	1	3	-	7	17	22	26	206
	F	15	3	-	3	4	18	17	48	
33. Motor vehicle accidents ...	M	-	1	1	1	3	2	1	1	15
	F	-	-	-	2	1	1	-	1	
34. All other accidents ...	M	-	-	3	2	5	4	3	7	44
	F	-	1	2	-	-	4	6	7	
35. Suicide ...	M	-	-	-	-	1	2	2	-	10
	F	-	-	-	-	1	3	1	-	
36. Homicide and operations of war ...	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	
Total in Sexes ...	M	43	7	13	6	57	346	334	380	1186
	F	25	7	2	8	35	194	238	452	961
TOTAL IN GROUPS ...		68	14	15	14	92	540	572	832	2147

DEATHS OF INFANTS UNDER 1 YEAR BY SEX, CAUSE GROUPS AND AGE
AS SUPPLIED BY THE REGISTRAR GENERAL

Cause Group (I.S.C. Nos. in brackets)	Sex	Under 1 day	1-6 days	1 week	2 weeks	3 weeks	Total under 4 weeks	1-2 Months	3-5 Months	6-8 Months	9-11 Months	Total under 1 year
1. Meningococcal infection (057)	M F	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1
2. Influenza (480-483)	M F	- -	- -	- -	1 -	- -	1 -	- -	- -	- -	- -	1
3. Pneumonia (490-493, 763)	M F	- -	1 -	- -	- -	- -	1 -	4 2	3 -	1 -	- -	9 2
4. Bronchitis (500-502)	M F	- -	- -	- -	- -	- -	- -	- 1	1 -	- -	- -	1 1
5. Hernia, intestinal obstruction (560, 561, 570)	M F	1 -	- -	- -	- -	- 1	1 1	- -	- -	- -	- -	1 1
6. Congenital malformation (750-759)	M F	3 -	2 1	- 1	- -	1 1	6 3	3 2	1 1	- -	- -	10 6
7. Injury at birth (760, 761)	M F	- 2	4 3	1 -	- -	- -	5 5	- -	- -	- -	- -	5 5
8. Post natal asphyxia and atelectasis (762)	M F	4 -	- 1	- -	- -	- -	4 1	- -	- -	- -	- -	4 1
9. Congenital debility and other ill defined diseases of early infancy (773)	M F	- -	- -	1 1	- -	- -	- 1	- -	- -	- -	- -	- 1
10. Prematurity, immaturity (774, 776)	M F	6 3	3 1	1 -	- -	- -	10 4	- 4	- -	- -	- -	10 5
11. Other diseases of early infancy (rest of 760-77)	M F	1 1	1 -	- -	- -	- -	2 1	- -	- -	- -	- -	2 1
12. All other causes	M F	- -	- -	- -	- -	- -	- -	1 1	- -	- -	- -	- 1
TOTALS	M F	15 6	11 6	2 2	- 1	1 2	29 17	7 7	5 1	2 -	- -	43 25

NUMBER OF DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE, WITH THE PROPORTION OF ALL DEATHS
AND THE RATE PER 1,000 PERSONS ALIVE FOR THE PERIOD

1946 - 1955.

Year	Number of deaths			Total deaths all ages	Rate per cent of total deaths	Popul- ation	Rate per 1,000 population
	Under one year	One and under 5	Total				
1946	86	19	105	1,789	5.8	148,940	0.7
1947	148	24	172	1,966	8.7	152,290	1.1
1948	113	21	134	1,753	7.6	158,000	0.8
1949	122	25	147	1,984	7.4	160,100	0.9
1950	84	16	100	1,954	5.1	161,700	0.6
1951	77	15	92	2,090	4.4	160,000	0.6
1952	89	10	99	1,889	5.2	160,400	0.6
1953	84	17	101	1,988	5.1	160,700	0.6
1954	63	17	80	2,069	3.8	161,500	0.5
1955	68	14	82	2,147	3.8	161,300	0.5

Year	Population estimated to middle of each year	REGISTERED BIRTHS			REGISTERED DEATHS.										
		Live		Still		Belonging to the District and supplied by the Registrar General for the calendar year.									
		Number	Rate (a)	Number	Rate (a)	Infant		Diarrhoea & Enteritis under 2 years		Child Mortality under 5 yrs.		Maternal		All ages	
						Number	Rate (b)	Number	Rate (b)	Number	Rate (a)	Number	Rate (c)	Number	Rate (a)
1946	148,940	2,915	19.60	86	0.58	86	30	7	2.40	105	0.7	3	1.00	1,789	12.00
1947	152,290	3,350	22.00	100	0.65	148	44	11	3.28	172	1.1	5	1.45	1,966	12.90
1948	158,000	2,868	18.10	69	0.44	113	39	12	4.18	134	0.8	2	0.68	1,753	11.10
1949	160,100	2,713	16.90	80	0.50	122	45	12	4.42	147	0.9	3	1.07	1,984	12.40
1950	161,700	2,541	15.70	58	0.36	84	33	2	0.80	100	0.6	4	1.53	1,954	12.10
1951	160,000	2,453	15.30	54	0.34	77	31	4	1.60	92	0.6	1	0.40	2,090	13.10
1952	160,400	2,440	15.21	63	0.39	89	36	6	2.46	99	0.6	1	0.40	1,889	11.77
1953	160,700	2,447	15.20	55	0.34	84	34	8	3.20	101	0.6	1	0.40	1,988	12.40
1954	161,500	2,381	14.74	62	0.38	63	26	7	3.00	80	0.5	-	-	2,069	12.81
1955	161,300	2,357	14.61	64	0.40	68	29	-	-	82	0.5	1	0.41	2,147	13.31

(a) Rate per 1,000 population

(b) Rate per 1,000 live births

(c) Rate per 1,000 all births (live and still).

INFECTIOUS DISEASES.

General.

The number of cases notified during the year was 4,349. This is the highest figure for many years and was chiefly due to an epidemic of measles which accounted for 3,675 of the notifications.

Diphtheria.

For the seventh successive year, I am most happy to report there was no diphtheria notification.

Food Poisoning.

Two cases were originally notified, but only one was confirmed. This was in the last quarter of the year and was due to salmonella typhimurium.

Dysentery.

The number of notifications for the year was 291, compared with 60 for the previous year. As soon as a case is notified it is investigated by a sanitary inspector. Generally, the patient and contacts are requested to submit three faecal specimens for bacteriological report at three day intervals, but if anyone in the household is still positive at the end of that period, specimens are still submitted until all members of the family have had three consecutive negative reports. Normally patients and contacts attending schools are excluded until they have been cleared and, in the case of adults employed in the food trade, every effort is made to place them in alternative employment at their place of work until such time as they are considered free from infection. I must place on record that I have found the employers most co-operative in this matter and no difficulty was encountered throughout the year. As a result of our enquiries, it was evident that this disease is far more widespread than realised for, during the year, many cases came to our notice as a result of the bacteriological findings where the patients themselves manifested no symptoms whatsoever. A very close liaison is maintained with the family practitioners and they are acquainted of the results of all our enquiries and provided with a copy of the bacteriological results. Where it was felt that it would be an advantage to admit a case or cases to the isolation hospital, the family doctor concerned was consulted before making arrangements for admission.

Poliomyelitis.

10 cases were notified during the year and of these 6 were paralytic. The number of notifications was higher than that for the previous year, 7, but less than any other year since 1946.

Numbers of all cases of infectious and other notifiable diseases originally notified during the year 1955 and of the final numbers according to sex and age after corrections subsequently made either by the Notifying Medical Practitioner, or by the Medical Superintendent of the Infectious Diseases Hospital.

	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excluding rubella)		Diphtheria	
	M	F	M	F	Paralytic		Non-paralytic		M	F	M	F
Numbers originally notified -												
Total (All Ages)	42	45	71	90	4	2	2	2	1884	1847	-	-
Final numbers after correction												
Under 1 year	1	-	15	7	-	-	-	-	51	49	-	-
1 - 2 years	4	6	15	22	-	2	-	-	389	387	-	-
3 - 4 years	10	7	30	26	-	-	2	1	533	515	-	-
5 - 9 years	20	18	21	34	2	-	-	1	862	849	-	-
10 - 14 years	6	11	-	2	-	-	-	-	13	17	-	-
15 - 24 years	1	1	-	-	1	-	-	-	5	4	-	-
25 and over	-	-	-	-	1	-	-	-	1	-	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-	-	-
Total (all Ages)	42	43	81	91	4	2	2	2	1854	1821	-	-
	Acute pneumonia		Dysentery		Smallpox		Acute encephalitis				Enteric or Typhoid Fever	
	M	F	M	F	M	F	Infective		Post-infectious		M	F
Numbers originally notified -												
Total (All Ages)	18	17	142	152	-	-	-	-	-	-	1	-
Final numbers after correction												
Under 5 years	3	5	54	37	-	-	-	-	-	-	-	-
5 - 14 years	1	2	57	53	-	-	-	-	-	-	-	-
15 - 44 years	3	4	25	45	-	-	-	-	-	-	-	-
45 - 64 years	3	1	4	10	-	-	-	-	-	-	1	-
65 and over	2	4	-	6	-	-	-	-	-	-	-	-
Age unknown	2	-	-	-	-	-	-	-	-	-	-	-
Total (all Ages)	14	16	140	151	-	-	-	-	-	-	1	-
	Paratyphoid fevers		Erysipelas		Meningococcal infection		Food poisoning		Other notifiable diseases			
	M	F	M	F	M	F	M	F	Original		Final	
Numbers originally notified -												
Total (All Ages)	1	1	5	9	2	1	-	2	M	F	M	F
Final numbers after correction									Puerperal pyrexia			
Under 5 years	-	-	1	-	1	-	-	-	-	61	-	63
5 - 14 years	-	-	-	-	-	-	-	-	Ophthalmia neonatorum			
15 - 44 years	1	1	1	1	-	-	-	-	-	-	-	-
45 - 64 years	-	-	2	6	1	-	-	1	-	-	-	-
65 and over	-	-	1	3	-	1	-	-	Malaria (contracted abroad)			
Total (All Ages)	1	1	5	10	2	1	-	1	1	-	1	-

THE NUMBER OF CASES OF CERTAIN INFECTIOUS DISEASES NOTIFIED DURING THE PERIOD 1946-1955.

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Scarlet Fever	149	328	688	509	434	251	263	299	100	85
Diphtheria	14	10	2	-	-	-	-	-	-	-
Ophthalmia Neonatorum	31	44	21	19	7	7	1	8	-	-
Erysipelas	11	17	40	38	33	18	17	13	20	15
Puerperal Pyrexia	42	40	30	29	16	26	46	36	49	63
Acute Pneumonia	73	76	53	69	80	132	74	46	33	30
Meningococcal infection	9	5	3	4	2	7	6	5	6	3
Dysentery	56	28	33	1	36	37	15	8	60	291
Whooping Cough	265	343	530	439	334	678	215	818	174	172
Typhoid Fever	2	-	-	-	-	-	-	-	-	1
Para-typhoid Fever	3	-	-	-	-	-	29	2	2	2
Acute Encephalitis - Infectious	-	-	-	-	-	1	1	-	-	-
Post-Infectious	-	-	-	-	-	-	2	-	-	-
Measles	48	2471	482	1552	1580	1608	1387	1358	23	3675
Polio-myelitis	2	31	11	30	48	25	16	18	7	10
Malaria	1	2	-	-	4	-	-	3	1	1
TOTAL	706	3395	1893	2690	2574	2792	2072	2614	475	4348

Note. With respect to the total figure for the year 1955, it does not include one Food Poisoning notification.

CARE OF EXPECTANT MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers.

During the year a new maternity and child welfare centre was opened at The Treboeth Public Hall, Treboeth, Swansea. The Treboeth district is adjacent to the new housing estates at Penlan and Clase and is centrally situated in a large area which was not provided with clinic facilities. At first, one session a week was devoted primarily to the care of mothers, although infants were seen if they were brought along. Subsequently a further session has been added and the morning session is now devoted to the care of expectant and nursing mothers whilst the afternoon session is for infant welfare.

With regard to maternity work in general, the effect of the tri-partite control introduced under the National Health Service is being felt more and more. Whilst the local health authority staff spare no effort in liaison and co-operation with general practitioners and the local hospitals, this co-operation is not always reciprocated and tends to become a one way affair. As there is no perfect liaison between the three services, the patient is often given conflicting instructions to follow so that she is bewildered and tends to look upon her pregnancy and confinement as a complicated process rather than a normal one. This is not in the best interests of the patient or of the staff at the Welfare Centre.

It is gratifying to record that, at the time of preparing this report, the Minister has directed that a local committee representing all three sections of the services should meet to consider this problem with a view to improving the arrangements.

Generally, the arrangements for this service are similar to those described in my report for 1952.

The following table sets out the work undertaken during the year:-

	<u>Ante-natal clinics.</u>	<u>Post-natal clinics.</u>	
No. of clinics provided	8	1	
" " sessions per month	64	2	
" " patients who attended during the year	2,308	973	(774) *
" " new patients	1,708	908	(710) *
Total attendances	14,301	1,019	(803) *

* The first figures shown relate to the total post-natal work. The figures in brackets are in respect of patients seen, and attendances of post-natal patients in the ante-natal clinics.

The number of patients seen and attendances at the ante-natal clinics were slightly less than the previous year, but there was a slight increase in the number of patients and attendances at the post-natal clinics.

Child Welfare.

A full account of the Council's scheme is contained in my report for 1952. During the year under review, however, two more centres were opened for infant welfare consultation, viz. at The Treboeth Public Hall, Treboeth, and the Community Centre, Bonymaen. Reference has already been made immediately above to the opening of the new centre at Treboeth. With regard to the one at Bonymaen, this is situated near one of the pre-war housing estates, but is adjacent to an estate which is being rapidly developed in the area. The Infant Welfare Clinic in the Mumbles area, which was previously situated at Dunns Lane, was moved to Norton Villa, West Cross. The clinic is now nearer the West Cross Housing Estate and the premises are far more suitable for clinic purposes. Plans for the improvement of the property have been submitted to the Ministry and approval of adaptation work is awaited.

Child Welfare (contd.)

The following table shows the number of children who attended during the year and the number of attendances made.

Number of centres provided at the end of the year	...	11
---	-----	----

Number of child welfare sessions now held per month at the centres	...	76
--	-----	----

Number of children who first attended a centre of this local health authority during the year and who at their first attendance were under one year of age	...	1,692
--	-----	-------

Number of children who attended during the year and who were born in:†		
--	--	--

1955	....	1,373
1954	....	1,122
1953-50	....	960

Total number of children who attended during the year	...	3,455
---	-----	-------

Number of attendances made by children who at the date of attendance were:-		
---	--	--

Under one year	...	12,109
One but under two years	...	2,860
Two but under five years	...	1,445

Total attendances during the year	...	16,414
-----------------------------------	-----	--------

During 1954, 3,455 children attended and the attendances were 16,934.

Minor Ailment Clinics.

A number of children under five years of age received minor ailment treatment at the clinics and the following table shows the extent during the year:-

Number of defects treated during the year.

Ringworm, scalp	...	...	-
Ringworm, body	...	...	1
Scabies	...	...	3
Impetigo	...	....	38
Other diseases of the skin		....	8
Eye disease, external and other (but excluding errors of refraction, squint and cases admitted to hospitals)	....		20
Ear defects, excluding serious diseases of the ear	...	....	10
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains etc.)	....		<u>275</u>
Total defects treated	....		<u>355</u>
Total attendances	....		<u>1,016</u>

Minor Ailment Clinics (Contd.)

Defective Vision and Squint (excluding minor ailments)

Number of defects dealt with:-

Errors of refraction	...	...	488
Total attendances	...	...	488
Attendances for special examinations	...	...	109
" " re-examination	...	...	379
Number of children for whom spectacles were prescribed	...	...	60
Number of children for whom spectacles were obtained	...	...	123
Number of children who received operative treatment for defective vision and squint	...	...	-

Orthopaedic and Postural Defects.

The following table shows the work undertaken at the Orthopaedic Clinic in respect of children under five years:-

New cases treated during the year	...	...	165
Old cases who continued treatment during the year			290
Total number receiving treatment	...	...	455
Total attendances by these patients	...	...	2696
No. of special cases seen by doctor	...	...	339
No. of re-examinations by doctor	...	...	215

Care of Premature Infants.

The arrangements for the special care of the premature infants were the same as outlined in my report for the years 1952 and 1953. Details of the number of premature births notified during the year are shown below:—

1. Number of Premature Live Births notified (as adjusted by transferred notifications)		2. Number of Premature Still-Births notified. (as adjusted by transferred notifications)	
(a) In hospital	216	(a) In hospital	46
(b) At home	32	(b) At home	9
(c) In private nursing homes	9	(c) In private nursing homes	1
Total	257	Total	56

“Private nursing homes” includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

	PREMATURE LIVE BIRTHS														PREMATURE STILL-BIRTHS			
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there			Born in nursing home & transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
Weight (1)	To-tal	Died within 24 hrs. of birth.	Sur-vived 28 days.	To-tal	Died within 24 hrs of birth	Sur-vived 28 days	To-tal	Died within 24 hrs of birth	Sur-vived 28 days	To-tal	Died within 24 hrs of birth	Sur-vived 28 days	To-tal	Died within 24 hrs of birth	Sur-vived 28 days	Born in hos-pital.	Born at home	Born in nurs-ing home
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
	27	14	8	1	1	-	2	2	-	2	1	-	-	-	-	18	4	-
	50	3	41	3	-	3	3	1	2	1	-	1	-	-	-	15	2	1
	42	-	41	5	5	-	5	5	2	3	1	-	1	-	-	4	1	-
97	1	94	10	10	-	10	3	-	3	5	-	5	-	-	9	2	-	
TOTAL	216	18	184	19	1	18	13	5	8	9	1	7	-	-	46	9	1	

Welfare Foods.

Circular 10/54 (Wales) dated the 7th April 1954 states that it had been decided that, when the local offices of the Ministry of Food closed, at about the end of June, the local distribution of welfare foods to beneficiaries shall be undertaken by local health authorities, as part of their duties under the National Health Service. Distribution to authorities will be arranged by the Ministry of Food. The foods concerned are National Dried Milk, orange juice, cod liver oil and Vitamin A. & D. tablets.

The quantity of welfare foods distributed during 1955 is shown below:-

National Dried Milk	...	79,723 tins
Cod Liver Oil	...	15,672 bottles
Orange Juice	...	83,509 bottles
Vitamin A. & D. tablets	...	4,560 packets

Distribution points were as follows:-

Maternity & child welfare centres	...	11
Others	...	2

Care of Unmarried Mothers.

There have been no changes in the arrangements for the care of unmarried mothers. During the year, four expectant mothers were admitted to Plasnewydd Hostel, Burry Port, Carmarthenshire.

Dental Care.

The Senior Dental Officer, Mr. H.N. Tiplady, reports as follows:-

"The dental treatment of expectant and nursing mothers and children under school age is now carried out at four full-time and three part-time clinics - Eaton House, Mansel Street, Cwmbwrla, Morriston and Mumbles, Townhill, St. Thomas respectively. The equivalent of 5/43ths of a dental officer is given up to M.&C.W. work, the total number of sessions (i.e. equivalent complete half days) devoted to M.&C.W. patients being 153.

Expectant mothers are referred from the ante-natal clinics by the medical officers. Nursing mothers with babies of not more than one year are eligible for treatment and may be referred from many sources, as also the children under school age.

Most of the denture work is done by a local technician who is not directly employed by the Authority.

Number provided with Dental Care.

	Exam-ined	Needing Treat-ment	Treated	Made Dentally Fit
Expectant & Nursing Mothers ...	393	383	339	157
Young Children ...	335	319	292	102

Form of Dental Treatment provided.

	Expectant & Nursing Mothers	Young Children
Scaling and gum treatment ...	35	6
Fillings ...	237	38
Silver Nitrate treatment ...	1	13
Extractions ...	911	470
General Anaesthetics ...	329	261
Dentures provided -		
Full upper or lower ...	54	-
Partial " " " ...	56	-
Radiographs ...	5	-

Other Services.

Gynaecological and venereal diseases clinics formerly provided by the local authority, but now under the control of the Regional Hospital Board are still held in the premises of the local health authority, i.e. Eaton House Clinic. A report on the work of the Auxiliary (Venereal Diseases) Clinic is shown in the section dealing with Prevention, Care and After Care. The Gynaecological Clinic is still well attended, but unfortunately, the services of a Consultant Gynaecologist have ceased. This is a great disadvantage to the work being undertaken at the clinic.

During the year 204 new patients attended and the total number of attendances was 1,247. The conditions for which the new patients sought treatment are as follows :-

Sterility	29
Birth Control	37
Menstrual disorders	15
Menopausal disorders	7
Prolapse	26
Cervical erosion	38
Vaginitis	32
Habitual Abortions	3
Other conditions	19

Domiciliary Midwifery.

The arrangements in respect of the service during the year under review were similar to those shown in the report for 1952.

Births.

The number of births notified in the Authority's area during the year, under Section 203 of the Public Health Act, 1936 as adjusted by any transferred notifications is as follows :—

	Livebirths		Stillbirths		Total	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
Domiciliary	772	768	12	11	784	779
Institutional	1782	1613	81	53	1863	1666

Medical Aid under Section 14 (1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife :—

(a) For Domiciliary Cases:—

- | | | | |
|------|---|------|------------|
| (i) | Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service. | .... | 82 |
| (ii) | Others | .... | 47 |
| | | | <u>129</u> |

Administration of Gas and Air Analgesia.

(1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board :—

- | | | | |
|-----|--|-----|----|
| (a) | Employed in homes and hospitals in the National Health Service | ... | 38 |
| (b) | Employed in nursing homes or in maternity homes and hospitals not in the National Health Service | ... | 3 |

(2) Domiciliary Midwives.

	Domiciliary Midwives employed directly by the Local Health Authority.
(a) Number of domiciliary midwives practicing in the area at the end of the year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board	20
(b) Numbers of sets of apparatus for the administration of inhalational analgesics in use at the end of the year:- (a) Gas and air (b) "Trilene"	20 -
(c) Number of cases in which inhalational analgesics was administered by midwives in domiciliary practice during the year :- (i) When doctor was not present at time of delivery of child. (a) gas and air (b) "Trilene"	420 -
(ii) When doctor was present at time of delivery of child. (a) gas and air (b) "Trilene"	139 -
(d) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year :- (i) When Doctor was present at time of delivery of child	96
(ii) When doctor was not present at time of delivery of child.	223

MATERNITY CASES ATTENDED.

Number of deliveries attended by midwives in the area during the year						
	Doctor not booked			Doctor booked		
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child	Doctor present at time of delivery (either the booked doctor or another).	Doctor present at time of delivery of child	Doctor not present at delivery of child	TOTALS
Midwives employed by the Authority	1	26	213	559	-	799
Midwives employed by the Hospital	-	-	-	-	-	-
Management Committee under the National Health Service Act	-	-	3	-	-	3
Midwives employed in private practice.	-	-	-	-	-	-
TOTAL	1	26	216	559	-	802
						1,976

Number of cases attended by domiciliary midwives after discharge from hospital before 14th day - 937

Number of domiciliary cases in which the infant was wholly breast fed at the 14th day - 497

Midwives practising in the area of the local
supervising authority at the end of the year.

	Domiciliary Midwife	Midwives in Institutions.	TOTAL
Midwives employed by the authority.	20	-	20
Midwives employed by the Hospital Management Comm. under the National Health Service Act	-	38	38
Midwives in private practice (including midwives employed in Nursing Homes).	3	3	6
TOTAL	23	41	64

"Flying Squad"

The "Flying Squad" was called out on three occasions during the year to patients in their own homes. In each instance it was to a case of post-partum haemorrhage. Blood transfusion was given on each occasion with a satisfactory result.

Health Visiting.

During the year under review there have been many articles written with regard to the contribution made by the health visitors in the preventive health field and it would appear appropriate to summarise her duties. As in common with many authorities the health visitor employed by this authority holds the dual appointment health visitor and school nurse and consequently her duties include all school nursing activities under the provisions of the Education Act 1944; she is also responsible for visiting persons in their own homes for the purpose of giving advice as to the care of young children, also persons suffering from illness and expectant or nursing mothers, and as to the precautions necessary for the spread of infection; visiting the tuberculosis and attending the Chest Clinic for case discussions with the Chest Physician; visiting of the aged, particularly with regard to applications for domestic help; reporting on applications for priority re-housing on medical grounds; supervision of the unsatisfactory (near problem) families. All the above duties are under-taken by all health visitors, but others have certain special duties as well, which are as follows :- hospital after care visits to patients of all ages, visits to Hospital wards for case discussions with consultant; visits to Old Peoples Houses, special survey visits, special visits with Social Science students attached to the local university, visits to residential nurseries, lectures in public health to student nurses in accordance with the revised General Nursing Syllabus and special visits with the students to domiciliary cases. Apart from the above, the health visitors are expected to keep accurate clinical and statistical records and to furnish special reports on many of the visits made, all of which is time consuming. Much time is also spent in case discussions with the general practitioners, but this is of considerable benefit to all concerned, and not the least to the patient. The health visitor has to attend the infant welfare, ante and post-natal clinics for the purpose of giving advice to the mothers and also lectures on health education by the use of demonstration material such as flannel graphs, many of the topics being prepared by the health visitor herself.

This Authority has now established an all embracing all purpose health visiting service. It is far from being perfect, due chiefly to the dearth of suitable applicants, but the pattern of their new duties under the terms of the N.H.S. Act is beginning to take shape. In view of the fact that their duties have been considerably increased much thought has been given to the planning of their work. More attention is paid to selective visits and whenever possible they have been relieved of routine clinical duties by the employment of ten clinic nurses, and routine clerical duties and issuing of food, by a re-allocation of clinic clerical duties.

At the time of writing this report the report of the Working Party set up by the Ministry of Health to review the duties of Health Visitors has been published. This will be the subject of comment in my next report, but it can be stated that after a quick perusal of the report it would appear that our service is progressing along the right lines.

Particulars of the work undertaken by the health visitors during the year are shown below:--

Number of children under five years of age visited during the year - 11,934
Total number of families or households visited by health visitors - 13,541

	<u>First Visits</u>	<u>Total Visits.</u>
Expectant mothers	1,099	1,762
Children under one year of age	2,460	12,959
" over one & under 2 years	-	7,980
" " two " " 5 "	-	19,142
Tuberculosis households	-	3,777
Other cases	-	17,487
	<u>Total ...</u>	<u>63,107</u>

The number of visits to families and children under five years of age was greater during the year under review than for the previous year, but the total number of visits by the health visitors, 63,107 was 3,000 less than the previous year. Whilst the number of health visitors employed remained more or less the same, a Whitely Council award allowed them a further weeks' holiday during the year and this is partly the reason for a smaller total in the number of visits. Also in accordance with Circular 27/54 - Prevention of break-up of Families, much attention was given to unsatisfactory and problem families. A specialist health visitor has been appointed to deal with problem families and border line cases of this type where there is a danger of a break-up in the family due to various causes. These cases are referred to her by any of the social agencies and also from the district health visitor, when the latter feels that much more supervision is required than she is able to give with her limited time.

The specialist problem family health visitor also supervises families which have been sent to Cwmllwyd Hostel for rehabilitation, with a view to returning them to the community as useful citizens. This Hostel has been provided under the National Assistance Act 1948 and more information on its working will be found in the section of my report regarding the administration of the Welfare Scheme provided under Part III of that Act.

HOME NURSING.

In the year under review there has again been a steady demand for the services of home nurses, although the number of cases dealt with and the total number of visits made were less than that for the previous year. It will be recalled that in June of the previous year all general practitioners in the area were sent a letter in which it was stated that the Swansea Local Medical Committee had agreed that all injections except streptomycin should normally be given by the general practitioners. The effect of this decision was only partly reflected in the figures for last year, since they took into account only half the year. It was, therefore, anticipated that the number of cases nursed and total number of visits for this year would be lower than previously and this has been confirmed; but in consequence it has been possible for the nurses to give far greater attention to their patients, particularly the aged.

Miss E.A.B. Davis, the Queens Visitor for the Western Area of the Queen's Institute of District Nursing made an inspection of the services from the 13th to 22nd September. Her report states:-

"Rounds of visits were paid with all full-time staff on duty. The patients received competent and kindly care, and their difficulties were dealt with with interest and intelligence. The equipment and records were all in good order, and the continued improvements in the system of record keeping are noted with interest.

The report was most satisfactory and confirmed the view that a high standard of home nursing was being maintained. The Local Authority is affiliated to the Queen's Institute. Applicants for appointments, if not Queen's trained, are sent away for training under the guidance of the Institute's Training Centres. This ensures that the nurse who is interested in Home Nursing is made fully conversant of her duties and responsibilities as a Home Nurse.

During the year a Whitley Council award increased the holidays of the Home Nurse from four to five weeks per year, and this coupled with sickness, resignations etc., made it necessary to employ temporary staff to maintain the service.

The Working Party Report on the Training of District Nurses was published during the year. Whilst the Report recognised the necessity for a national standard of district training there was a difference of view on the length of time which was considered necessary for proper training. The majority report favoured 4 months training for state registered nurses, reduced to 3 months for those with other additional qualifications. The Queen's Institute of District Nursing felt however that the present periods of 6 months and 4 months should be more or less allowed to remain.

A male district nurse commenced duty in the early part of the year. This was the first time for such an appointment to be made. It was felt that the services of a male nurse were desirable because of the greater number of old men needing nursing attention at home. The problem is being watched closely, for it may well be that the services of additional male nurses will be necessary in the future.

The Committee also approved the appointment of a Deputy to the Superintendent and Miss E. Bamford who was the Senior Nurse and who had relieved the Superintendent on previous occasions was appointed to the post.

Two female nurses attended a refresher course held at Oxford, whilst the Superintendent District Nurse attended a two day Study Course in Tuberculosis which was held at Cardiff.

				No. of cases attended by the nurses during the year.	Number of visits made.
1.	Medical	...	...	1,524	52,934
2.	Surgical	...	...	596	19,663
3.	Infectious Disease	...	...	4	234
4.	Tuberculosis	...	...	190	10,151
5.	Maternal complications	...	...	5	81
6.	Others	...	...	15	952
7.	Total	...	...	2,334	84,005
8.	Patients included in 1-6 above who were 65 years or over at the time of the first visit during the year			1,079	45,522
9.	Children included in 1-6 above who were under 5 years at time of first visit during the year ...			92	926
10.	Patients included in 1-6 above who had more than 24 visits during the year			723	64,215

Particulars of cases for the year.

	<u>All Cases.</u>	<u>Tuber- culosis.</u>
Number of cases on register at beginning of year 	456	40
New cases admitted during the year	<u>1,878</u>	<u>150</u>
Total number nursed during the year	<u>2,334</u>	<u>190</u>
Cases discharged during the year:-		
Completed or transferred to Hospital	1,832	141
Died 	<u>-</u>	<u>2</u>
Total number removed ...	<u>1,832</u>	<u>143</u>
Cases remaining on the register at the end of the year 	502	47

The number of cases dealt with 2,334, was 148 less than last year and the total visits 84,005 was 3,026 less than last year. 46 per cent of the cases were people over 65 years of age and 54% of the total visits were made to these people. The average number of visits to each person over 65 was 42. 76% of the total visits were in respect of patients who had more than 24 visits during the year.

ARTIFICIAL IMMUNITY.

Diphtheria Immunisation.

The arrangements for diphtheria immunisation were the same as the previous year.

The number of children immunised during the year was 1,949 which was less than that of the previous year when 2,061 children were immunised. There was also a slight reduction to 3,033 in the number of children who received a secondary (reinforcing) injection, as compared with 3,055 in the previous year.

The immunity index for diphtheria immunisation is still dangerously low for children under one year of age, and this despite the fact that that every opportunity is taken by the public health workers in pointing out to parents the advantages of early immunisation. The Ministry also assisted with publicity and made arrangements for 16 sheet poster displays in the area of the authority during the months of April and May. The poster showed a baby with the words "Please have me immunised against diphtheria" and directed parents to ask their family doctor or infant centre about immunisation.

The following table shows the number of children immunized during the year, as well as the number of children who received a reinforcing injection.

	Age at date of final injection				
	Under 1	1-4	5-14	TOTAL	
No. of children who completed a full course of primary immunisation in the area (including temporary residents)					
1. During the 6 months ended June 30th	325	340	286	951	
2. During the 6 months ended Dec. 31st	251	341	406	998	
TOTAL FOR YEAR	576	681	692	1,949	
No. of children who received a secondary (reinforcing) injection i.e. subsequently to primary immunisation at an earlier age.					
1. During the 6 months ended June 30th	-	1	1,752	1,753	
2. During the 6 months ended Dec. 31st	-	6	1,274	1,280	
	-	7	3,026	3,033	
<p style="text-align: center;">Immunisation in relation to child population.</p> <p style="text-align: center;">Number of children at 31st December, 1954, who had completed a course of immunisation at any time before that date (if at any time since 1st January 1940)</p>					
Age at 31.12.55. i.e. Born in Year	Under 1 1955	1-4 1951-1954	5-9 1946-1950	10-14 1941-1945	Under 15 TOTAL
Last complete course of injections (whether primary or booster.)					
A. 1951 - 1955	82	4,706	8,853	5,973	19,614
B. 1941 - 1950	-	-	2,519	5,620	8,139
C. Estimated mid-year population	2,330	9,370	23,700		35,400
Immunity Index 100 A/C	3.5	50.2	62.6		55.4

Smallpox Vaccination.

The following return shows the number of people vaccinated during the year.

Number of persons vaccinated (or re-vaccinated)
during period.

Age at date of Vaccination	Under 1	1 1	2 to 4	5 to 14	15 & over	TOTAL
Number vaccinated	565	44	26	35	10	680
Number re-vaccinated	-	-	3	19	3	25

The number of persons vaccinated during the year was 680, six more than the previous year. Whilst the number of vaccinations is not as high as I would like, there has been a distinct improvement during the last few years and our efforts are now concentrated on consolidating the good work with a view to improving the number in the future.

AMBULANCE SERVICE.

During the year five new Morris ambulances were delivered between February and April; two were type L.D.1 and the other three, L.C.5's. Three of these were in replacement for earlier models which were now considered unsatisfactory for use in the service, one was to complete our establishment of ambulance vehicles and the remaining one was in replacement of an earlier model which had been transferred to Civil Defence for civil defence ambulance section training.

There was also a review of the number of personnel employed in relation to the amount of work which was being done by the service and towards the end of the year it was agreed that three additional male attendants should be added to our establishment although they were not in fact employed until 1956.

Consideration was also given to the question of purchasing additional radio telephone equipment and the Committee approved the purchase of four additional mobile sets thereby enabling thirteen of the fourteen vehicles comprising the ambulance fleet to be so equipped. Delivery of these sets was made in 1956.

Very little progress was made with regard to the provision of a new ambulance depot although plans have been prepared and a site earmarked in the centre of the town. It is hoped to see some real progress next year..

It was hoped that during the year under review there would be a stabilization in the demand for the service but, as will be seen from the table below, there was a big increase in the work done.

Statement of work done during 1954 :—

		<u>Increase or decrease, over 1954.</u>
No. of patients carried	... 60,609	+ 5,677
" " journeys operated	... 20,094	+ 1,334
" " miles run	... 281,429	+18,746
Average miles per patient	... 4.6	- 0.1

During the peak periods the service operated under a considerable strain and occasionally there were delays in dealing with hospital out-patients. However by improved management and the development of radio technique, we were able to accommodate all requests for assistance.

PREVENTION, CARE AND AFTER-CARE.

Tuberculosis.

Dr. T.W. Davies, the Chest Physician reports as follows :-

"20,000 Patients attended the Chest Clinic at Swansea in 1955, 4,789 being new cases. Of these, 171 within the Swansea borough were notified as suffering from tuberculosis. Compared with 1954 there was an increase of 10 in the number notified, although the number of patients seen was practically unchanged. It cannot therefore, be claimed that the incidence of tuberculosis in the area has decreased, although mortality from the disease diminished from 23.3% to 13.9%. Emphasis on this fall in mortality could lead to complacency, but it is a barometer of treatment, and its reading must not be utilised to further the concept that tuberculosis as a disease in the community has been virtually conquered. Indeed, it may be logically argued that as fewer cases die, the possibility of infection increases, and the only criterion of diminished infection would be a reduction in the incidence of primary lesions. Unfortunately this trend has not yet occurred in Swansea, despite the B.C.G. vaccination of school leavers by the Health Department, and of contacts by the chest clinic.

The undiagnosed case of tuberculosis, from the epidemiological standpoint, is always of greater danger than the known case, as the patient who is unaware of his infection may not be taking elementary precautions. It follows that every effort must be made to discover such cases. All branches of medicine are involved, - general practitioners, hospital doctors, Health Department, and Chest Physicians.

The number of individuals X-rayed at the Static Unit in 1955 was 20,084 (0.4% had active tuberculosis) and contacts from Swansea examined at the chest clinic increased from 469 to 562. A widening of the field of survey is essential as therapy improves.

Bovine tuberculosis has been virtually eradicated, but as one case of tuberculous meningitis from a bovine bacillus occurred in 1955, there must be no relaxation in the maintenance of tubercle free milk.

Tuberculosis remains as yet an unconquered disease."

New Cases of Tuberculosis notified during the year in accordance with the
Public Health (Tuberculosis) Regulations 1952.

	FORMAL NOTIFICATIONS.													Total (all ages) %
	No. of Primary Notifications of new cases of Tuberculosis.													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Pulmonary Tuberculosis:-														
Males	-	-	1	2	-	2	11	11	13	12	13	3	2	70
Females	-	-	-	-	2	19	11	18	13	2	2	2	-	69
Other forms of Tuberculosis:-														
Males	-	1	-	-	-	-	2	1	1	-	1	-	-	6
Females	-	-	2	1	1	1	3	1	2	1	-	-	1	13
TOTAL	-	1	3	3	3	22	27	31	29	15	16	5	3	158
New Cases coming to the knowledge of the Health Department otherwise than by Formal Notification.														
Pulmonary:-														
Males	-	-	-	-	-	-	-	-	-	1	1	-	-	2
Females	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Non-Pulmonary:-														
Males	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Females	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-	-	-	-	1	1	-	1	3

The source or sources from which the information as to the afore-mentioned cases was obtained is stated below.

	Number of Cases:-	
	Respiratory	Non-Respiratory.
Death Returns - from Local Registrars	3	-
Death Returns - Transferable from Registrar General	-	-
Posthumous Notifications	-	-
"Transfers" from other areas (other than Transferable deaths).	-	-
TOTAL:	3	-

Mortality.

The number of persons dying from tuberculosis was 35, 3 less than the previous year and it is the lowest figure recorded for the borough. Whilst we are encouraged with this state of affairs, we should not become complacent and I can do no better than draw your attention to the following paragraphs from the Report of the Consultant ADviser on Tuberculosis with regard to the Tuberculosis Services in Wales during 1955 :--

"In my report for 1954, I indicated that, so far as the tuberculosis services in Wales are concerned, the situation was changing from being forbidding and menacing to one of relief and hope. In general there is ample evidence that this is still true for the year 1955, but again there are indications that the efforts to eradicate the disease must in no way be relaxed otherwise the decline in mortality and morbidity figures will cease and may even increase in some districts.

It is gratifying to note that, in spite of the serious proportions which the disease assumed in the past in Wales, during the last ten years mortality figures for respiratory tuberculosis have fallen by 66% and non-respiratory by 87%. The corresponding figures for England and Wales are 74% and 85%. The fall in morbidity rates continues at a slower rate. The general trend over the 34 years from 1921 is satisfactory but notification figures for 1954 for the 0 - 4 and 5 - 14 age groups in males do not show so great a fall as was experienced between 1952 and 1953. There is also a rise in the death rate in the 25 - 44 age groups in males.

Although the overall picture is encouraging these minor set-backs warn us not to be too confident and complacent about the situation. The need for preventative and curative measures in tuberculosis is as **great as ever**".

Although, as is mentioned above, the number of deaths is the lowest recorded, it will be seen from the next table that there is still much work to be done in this field, particularly when compared with the figures for the other local health authorities in Wales and the figures for England and Wales.

Tuberculosis Mortality.

Deaths from Tuberculosis, 1955.

Deaths from tuberculosis during the year are shown in the following tables:-

County or County Borough	Estimated Civilian Population mid-year 1955.	Respira- tory tubercul- osis.	Total other forms of tubercul- osis	Total deaths all forms of tuber- culosis.	Rate per million		
					Respir- atory.	Non- respir- atory	All forms
ANGLESEY	51,600	11	-	11	213	-	213
BRECKNOCK	55,700	10	1	11	180	17	197
CAERNARVON	123,100	38	-	38	309	-	309
CARDIGAN	53,600	4	1	5	75	18	93
CARMARTHEN	170,800	38	3	41	222	18	240
DENBIGH	170,300	26	3	29	153	17	170
FLINT	146,100	32	2	34	219	14	233
GLAMORGAN (Adm. County)	737,400	162	9	171	220	12	232
MERIONETH	40,000	20	-	20	500	-	500
MONMOUTH (Adm. County)	321,500	49	4	53	152	13	165
MONTGOMERY	45,100	8	-	8	177	-	177
PEMBROKE	93,800	14	3	17	149	32	181
RADNOR	19,400	2	1	3	103	52	155
<u>County Boroughs.</u>							
CARDIFF	248,400	46	3	49	185	12	197
MERTHYR TYDFIL	59,900	18	3	21	301	50	351
NEWPORT	105,000	15	-	15	143	-	143
SWANSEA	161,300	30	5	35	186	31	217
Total Wales (Including Monmouthshire)	2,603,000	523	38	561	201	15	216
England and Wales	44,441,000	5,837	655	6,492	131	15	146

Mass Radiography Service.

The static miniature radiography unit which is located at our clinic in Trinity Place in co-operation with the Welsh Regional Hospital Board examined 20,084 persons and found 78 per 1,000 with abnormal chests. 76 persons (3.78 per 1,000 examined) were confirmed as suffering from pulmonary tuberculosis. This is a high percentage considering contacts and symptom cases are excluded from those examined at the static unit centre. These figures do not apply to this authority in the sense that the unit covers an area far greater than that of the authority.

Analysis of Examinations carried out by the Static Mass Radiography Unit at Swansea during the period 1st January - 31st December 1955.

TABLE 1.

Total number examined	20,084	100.0%
Total number diagnosed as normal	18,511	92.2%
Total number diagnosed as abnormal	1,573	7.8%

TABLE III.

Analysis of total number of cases found to be abnormal.

<u>Abnormality.</u>	<u>No.</u>	<u>%</u>	<u>Rate per 1,000 examined.</u>
Confirmed Pulmonary Tuberculosis	.. 76	4.83	3.78
Requiring further observation at Chest Clinic	.. 15	.95	.75
Healed Primary P.T.	.. 199	12.65	9.91
Healed Post-Primary P.T.	.. 109	6.93	5.43
Bony Abnormality-Congenital	.. 101	6.42	5.03
Bony Abnormality-Acquired	.. 23	1.46	1.14
Congenital Malformation of Lungs	.. 11	.70	.55
Bacterial & Virus Infection of Lungs.	.. 148	9.41	7.37
Bronchiectasis	.. 58	3.69	2.89
Honeycomb Lung	.. 1	.06	.05
Emphysema	.. 69	4.39	3.44
Pulmonary fibrosis (non- tuberculous)	.. 268	17.04	13.34
Pneumoconiosis	.. 129	8.20	6.42
Spontaneous pneumothorax	.. 3	.19	.15
Benign tumours of lungs and mediastinum	3	.19	.15
Carcinoma of lungs & mediastinum	.. 23	1.46	1.14
Metastases in lungs and medias- tinum	.. 1	.06	.05
Enlarged Mediastinal and bronchial glands (non-tuberculous)	3	.19	.15
Sarcoidosis	.. 4	.26	.20
Pleural thickening	.. 41	2.61	2.04
Abnormality of diaphragm	.. 78	4.96	3.88
Abnormality of heart-congenital	.. 12	.76	.60
Abnormality of heart-acquired	.. 167	10.62	8.31
Miscellaneous	.. 9	.57	.45
Failed to attend for further investigation	.. 22	1.40	1.10
	1,573	100.00	78.32

Analysis in Age Groups of Total number examined and total found abnormal.

44.

TABLE IV.

Analysis of total number examined and total found to be Abnormal in Survey Groups.

	Total	Gen. Pop. Volun- teers.	G.P. Referr- als.	Natn. Ser. Re- cruits	A.N. Clinic Examin- ees.	Civil Ser. & L.G.Os.	School child- ren.	Teach- ing Staff	Stud- ents	Misc. Fact. Groups.	Hospital Staff.	Contacts	Residents of O.Ps. Home
Total number of persons examined	20,084	6,344	3,275	3,402	1,551	829	2,881	203	1,110	48	200	20	221
Total number of persons found to be abnormal	1,573	517	695	114	44	47	63	6	27	5	4	1	50
<u>Classification of Abnormal Cases:</u>													
Confirmed Pulmonary Tuberculosis													
'New' Cases	62	18	24	8	6	3	1	-	1	-	1	-	-
'Old' Cases x-	14	5	2	6	-	1	-	-	-	-	-	-	-
Requiring further observation at													
Chest Clinic	15	3	10	-	1	-	1	-	-	-	-	-	-
Healed Primary Pulmonary Tuberculosis	199	70	37	26	10	11	27	1	6	1	-	-	10
Healed Post-Primary Pulmonary Tuberculosis	109	43	36	11	7	3	6	2	-	-	-	1	-
Bony Abnormality - Congenital	101	37	13	15	8	3	12	-	11	1	-	-	1
Bony Abnormality - Acquired	23	7	8	1	1	1	1	-	1	-	-	-	3
Congenital Malformation of lungs	11	2	2	4	-	-	2	-	1	-	-	-	-
Bacterial and virus infection of lung	148	34	100	6	-	2	3	-	-	1	1	-	1
Bronchiectasis	58	8	27	15	-	1	5	-	1	-	-	-	1
Honeycomb lung	1	1	-	-	-	-	-	-	-	-	-	-	-
Emphysema	69	15	50	1	-	1	-	-	-	1	-	-	1
Pulmonary fibrosis (non tuberculous)	268	63	177	7	3	6	1	1	2	1	1	-	6
Pneumoconiosis	129	71	53	-	-	1	-	-	-	-	-	-	4
Spontaneous pneumothorax	3	1	2	-	-	-	-	-	-	-	-	-	-
Benign tumours of lung	3	2	1	-	-	-	-	-	-	-	-	-	-
Carcinoma of lung	23	11	12	-	-	-	-	-	-	-	-	-	-
Metastases in lung	1	-	1	-	-	-	-	-	-	-	-	-	-
Enlarged mediastinal and bronchial glands (non tuberculous)	3	1	-	1	1	-	-	-	-	-	-	-	-
Sarcoidosis	4	1	2	-	-	-	-	-	-	-	1	-	-
Pleural thickening	41	12	20	2	-	4	1	-	-	-	-	-	2
Abnormality of diaphragm	78	34	24	5	2	3	1	1	2	-	-	-	6
Abnormality of heart - congenital	12	4	5	-	1	1	1	-	-	-	-	-	-
Abnormality of heart - acquired	167	66	75	3	3	5	1	1	-	-	-	-	13
Miscellaneous	9	1	6	-	-	-	-	-	-	-	-	-	2
Failed to attend for further investigation	22	7	8	3	1	1	-	-	2	-	-	-	-
Total number of abnormal cases	1,573	517	695	114	44	47	63	6	27	5	4	1	50

x 'Old' cases refer to examinees who have histories of previous x-ray examination at the chest clinic.

TABLE V.

Analysis of confirmed cases of Pulmonary Tuberculosis
in Age Groups, Sex and rate per 1,000 examined.

AGE GROUPS	MALES				FEMALES				TOTAL		
	No. confirmed P.T.	%	Per 1,000	Confirmed P.T.	%	Per 1,000	Confirmed P.T.	%	Confirmed P.T.	%	Per 1,000
Under 15	-	-	-	1	1.32	.73	1	1.32	1	1.32	.36
15 - 24	20	26.32	4.08	13	17.10	3.73	33	43.42	33	43.42	3.94
25 - 34	6	7.89	4.58	7	9.21	3.18	13	17.10	13	17.10	3.70
35 - 44	4	5.26	4.78	5	6.58	4.15	9	11.84	9	11.84	4.41
45 - 59	8	10.53	7.17	8	10.53	6.44	16	21.06	16	21.06	6.79
60 and over	4	5.26	6.25	-	-	-	4	5.26	4	5.26	3.81
	42	55.26	4.12	34	44.74	3.43	76	100.00	76	100.00	3.78

Analysis in Survey Groups of confirmed cases of Pulmonary Tuberculosis discovered during the year
1954 compared with the year 1955.

Survey Group	1954				1955			
	No. Examined		Confirmed P.T.		No. Examined.		Confirmed P.T.	
	Total	%	No.	%	Total	%	No.	Rate per 1,000
General Population Volunteers	7,368	36.70	34	44.15	6,344	31.59	23	30.26
General Practitioner Referrals	2,457	12.24	22	28.57	3,275	16.30	26	34.21
National Service Recruits	3,169	15.78	10	12.99	3,402	16.94	14	18.42
A.N. Clinic Examinees	1,775	8.84	4	5.19	1,551	7.72	6	7.89
Civil Servants and Local Government Officers	723	3.60	2	2.60	829	4.13	4	5.26
School children	3,218	16.03	2	2.60	2,881	14.34	1	1.32
Teaching staff	299	1.49	1	1.30	203	1.01	-	-
Students	727	3.62	1	1.30	1,110	5.53	1	1.32
Miscellaneous Factory Groups	298	1.49	1	1.30	48	.24	-	-
Hospital Staff	43	.21	-	-	200	1.00	1	1.32
Contacts	-	-	-	-	20	.10	-	-
Residents of Old People's Homes	-	-	-	-	221	1.10	-	-
	20,077	100.00	77	100.00	20,084	100.00	76	100.00
								3.78

Analysis of Examinations carried out by the Mass Radiography
Mobile Unit operating in the Swansea area during the period
1st January - 31st December, 1955.

TABLE 1.

		<u>Factory Personnel.</u>	<u>Hospital Staff.</u>	<u>Total.</u>	<u>%.</u>
Total No. Examined	...	1,598	365	1,963	100.0
Total No. diagnosed as Normal	...	1,493	348	1,841	93.8
Total No. diagnosed as Abnormal	...	105	17	122	6.2

Analysis of confirmed cases of Pulmonary Tuberculosis in
Age Groups and Sex.

TABLE 4.

<u>Age Group</u>		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
15 - 24	...	1	1	2
25 - 34	...	-	-	-
35 - 44	...	-	-	-
45 - 59	...	2	-	2
TOTAL		3	1	4

TABLE 2.

AGE GROUP.	TOTAL EXAMINED.				ABNORMAL.			
	Male	%	Fe- male	%	Total	%	Male	%
15 - 24	150	7.6	664	33.9	814	41.5	3	2.5
25 - 34	224	11.4	126	6.4	350	17.8	3	2.5
35 - 44	247	12.6	88	4.5	335	17.1	16	13.1
45 - 59	328	16.7	77	3.9	405	20.6	42	34.4
60 and over	55	2.8	4	.2	59	3.0	14	11.4
	1,004	51.1	959	48.9	1,963	100.0	78	63.9
							44	36.1
							122	100.0

Analysis of total number of cases found to be Abnormal in Survey Groups and
rate per 1,000 Examined.

TABLE 3.

Diagnosis	Factory Personnel	Hospital Staffs.	TOTAL	
			No.	% Rate per 1,000 examined.
Confirmed Pulmonary Tuberculosis ...	4	-	4	3.3 2.04
Healed Primary Pulmonary Tuberculosis ...	19	3	22	18.1 11.21
Healed Post Primary Pulmonary Tuberculosis	9	1	10	8.2 5.09
Bony Abnormality - Congenital ...	13	4	17	13.9 8.66
Acquired ...	4	2	6	4.9 3.05
Congenital Malformation of lungs ...	1	-	1	.8 .51
Bacterial and virus infection of lungs ..	3	-	3	2.5 1.53
Bronchiectasis ...	4	-	4	3.3 2.04
Emphysema ...	10	2	12	9.8 6.11
Pulmonary fibrosis (non tuberculous) ...	1	-	1	.8 .51
Pneumoconiosis ...	12	-	12	9.8 6.11
Benign tumours of lung ..	-	1	1	.8 .51
Pleural thickening ...	18	1	19	15.6 9.68
Abnormality of diaphragm ...	1	-	1	.8 .51
Acquired Abnormality of Heart ...	6	2	8	6.6 4.08
Failed to attend for further investigation	-	1	1	.8 .51
	105	17	122	100.0 62.15

DOMICILIARY TREATMENT.

190 patients were treated at home by the district nurses acting under the supervision of the Chest Physician and family doctor. 10,151 visits were made to these patients.

Health Visiting.

The arrangements were the same as for previous years. The health visitors also met the Chest Physicians as often as possible for case discussions. 3,777 visits were made to the patients during the year.

Rehousing.

In accordance with the Council's scheme, 40 families were rehoused on priority grounds after consultation with the Chest Physician.

Routine Chest X-Ray of Expectant Mothers.

The arrangements were similar to previous years. 1,551 patients were examined and 6 were found to be suffering from tuberculosis. In all the cases appropriate action is taken by the Chest Physician in consultation with the Consultant Obstetrician and the Senior Maternity and Child Welfare Medical Officer. Further details of the number who attended for X-Ray and an analysis of abnormalities discovered will be found in the tables showing the work of the Static Mass Miniature Unit.

Rehabilitation.

During the latter part of the year arrangements were completed for a patient to be admitted to Papworth Settlement for rehabilitation when a vacancy occurred. The cost of the rehabilitation will be borne by the local authority.

Extra Nourishment.

During the year, the Chest Physician recommended the provision of extra nourishment in the form of milk in two cases and this was approved by the Committee.

B.C.G. Vaccination.

(a) Contacts.

B.C.G. vaccination of contacts is undertaken by the Chest Physician in accordance with Circular 72/79 (Wales). The arrangements for this work were reported last year and there has been no change in the year under review. 436 contacts were vaccinated during the year by the Chest Physician.

(b) School children.

In accordance with Circular 27/53 (Wales) the local health authority has made arrangements for the vaccination of children in the prescribed age group and particulars of our approved scheme were included in last year's report. Due to the fact that we were already operating a local scheme for chest x-ray and skin testing when the Ministry circular was received, it was decided that the extension of the local scheme to include B.C.G. vaccination should not commence until the beginning of a new academic year, i.e. September 1954. During the year under review, 2,881 children were x-rayed and 1,055 children of the prescribed age group were given B.C.G. vaccination but, in view of the fact that our programme for the administration of the scheme is worked on the academic year, the following report relates to the period September 1954 - July 1955.

The Scheme for the Bacille Calmette-Guerin (B.C.G.) Vaccination
of School children in their 13th year.

After the pilot scheme of 1953-1954 in which skin testing of children in their 13th year was carried out to judge the numbers likely to need vaccination against tuberculosis, this Authority decided to provide the full scheme for the vaccination of school children from September 1954 onwards.

Object of B.C.G. Vaccination.

A peak age for the development of tuberculosis is the late teens when young persons have been exposed for two or three years to often overcrowded and otherwise unsuitable working conditions in industry and commerce while at the same time they are widening their sphere of activities and social contacts. The best way to counter this danger period for infection with tuberculosis is by vaccinating susceptible children shortly before they leave school and commence work.

Already it has been possible to demonstrate the benefit of this vaccination and, when the nation-wide scheme has been in operation for several years, the financial saving to the country in the reduction of the tuberculosis-rate in young persons is likely to be immense, manyfold times the low cost of the scheme.

Children eligible for Vaccination.

The aim in Swansea has been to include all children eligible for the scheme, whether they attend local authority or voluntary schools. To be completely successful the scheme must cover 100% of the children in the requisite age-group.

A letter is sent to all parents or guardians, via schools of all children in their 13th year explaining the value of vaccination and asking them to consent to the chest radiograph and simple skin test necessary to discover if their child requires vaccination.

The response has been encouraging and should be virtually complete when the passage of several years has demonstrated the worth of protective vaccination.

Outline of Swansea scheme.

When an approximate indication of the numbers of children likely to need examination is obtained, before the school-year commences, a rough plan is made. The scheme is administratively difficult to arrange because the course of examination and vaccination extends over six to eight weeks and this long period must be fitted into various school holidays, examinations and other occasions when admission to a school cannot be guaranteed.

Those children whose parents have consented to all or part of the examination are initially seen, in groups of 130 to 200 per session, at the Mass Miniature Radiography Unit in Trinity Place. According to the proximity of their school to Trinity Place they walk or are provided with special transport. Usually several schools are seen at one session but this depends on numbers and geographical location.

At this first examination the children have a chest radiograph and skin test while a detailed card record is made of relevant information e.g. name, address, date of birth, sex, school, history of tuberculosis in family, previous examinations, name of family doctor etc.

The radiograph is taken by a radiographer of the Regional Hospital Board staff, and the skin test is given by one of the School Medical Officers while nursing and clerical assistance is also provided by the Authority.

Two days after this original examination the doctor visits schools to read the result of the skin test. A large red reaction at the site of this skin test is termed a positive reaction, while no visible sign of the injection is termed a negative reaction. The reaction is recorded on the child's card. The cards are available to one of the physicians from the Chest Clinic when he studies the chest radiographs later in the day.

Four days after the original skin test, and two days after its reading, those children who had a negative skin reaction and whose chest radiograph has been passed as clear are again visited at school by the doctor, and if their parents have consented, they are vaccinated. A report on the chest radiograph is sent to all parents. A small number of children in whom some abnormality has been detected in the chest radiograph are recalled to the Chest Clinic for a fuller examination.

A period of least six weeks now elapses before the children who have been vaccinated again attend at Trinity Place for another chest radiograph, and skin test, to confirm that they have acquired the intended resistance to tuberculosis.

In the six weeks between vaccination and re-testing, the site of vaccination develops into a small ulcer which quickly scabs over. A feature of the whole programme is the almost complete absence of pain and many children have felt somewhat cheated at the lack of pain or discomfort.

It is uncertain how long the immunity provided by vaccination will last but it is, at the least, several years. During this period, while absolute protection against tuberculosis infection is not guaranteed, the chance of developing the disease are five times great in unvaccinated subjects than in vaccinated person. So B.C.G. vaccination can be said to provide a very great measure of protection against tuberculosis.

Name of School	Sex of pupils.	Pupils eligible	X-ray only	Mantoux Positive.	% Positive.	X-ray re-calls	Mantoux Positive declined B.C.G.	Mantoux Positive (B.C.Gd)
Bishop Gore	M	106	21	19		3	1	65
Dynevor	M	112	16	21		7	4	67
Llwyn-y-Bryn	F	113	16	23		2	6	59
Glanmor	F	122	14	39		5	2	63
Secondary	M+		3F	12F		5F	4F	29F
Technical	F	105	7M	8M			1M	26M
St.Helens	F	41	2	10		2	4	3F
Pen-y-Bryn.	M+	18	0	2M		0	0	8M
	F							
Gors	F	40	5	6		1	5	21
Dunvant	M+	29	2F	3F		0	0	6F
	F		2M	2M				5M
Brynmill	F	19	2	4		0	6	7
Llansamlet	M+	130	3M	11F		2F	4F	22F
	F			16M		1M		22M
St.Illtyds	M+	11	1M	1F		0	3F	2M
	F			3M			1M	
Danygraig	M.	50	11	6		0	2	21
St.Thomas	F	45	9	9		1	6	17
Hafod	M+	31	5F	6F		0	2M	10F
	F		2M	4M				12M
St.Joseph's	M+	65	7F	8F		0M	2F	15F
	F			10M		1F		17M
Gendros	F	34	2	10		2	0	12
Cadle	M	59	5	15		4	6	16
Dillwyn-	M	33	5	9		2	1	15
Llewellyn								
Morrison	F	59	16	19		0	1	16
Manselton	M+	158	9F	22F		3F	2F	33F
	F		16M	16M		0M	1M	40M
Townhill	M+	144	6F	9F		1F	7F	29F
			11M			15M	2M	39M
Pentrepoeth	M	65	8	13		1	1	36
Oxford St.	M	150	10	33		3	67	40

(Table continued overleaf)

Name of School	Sex of Pupils	Pupils Eligible	X-ray only	Mantoux Positive	Positive.	X-ray Re-calls	Mantoux Positive declined B.C.G.	Mantoux Positive (B.C.G'd).
St.Davids	M+ F	17	1F	3F		0	0	3F. 4M
Totals	M	-	118	192	26.6	21	91	435
	F	-	99	195	31.6	25	52	370
	All	1776	217	387	29	46	143	805

Results.

The detailed results of the scheme are clearly shown in the table. One active case of pulmonary tuberculosis was detected and a number of other lung, heart and bone abnormalities were discovered through the chest radiographs. Details are as follows:—

- (1) Reported Abnormalities of lung fields not recalled for further examination at Chest Clinic :—

Healed Primary Complex	...	9
Calcified Hilar Glands	...	7
Healed Primary Complex	...	3
and Calcified Hilar Glands.		
Total		19

- (2) Reported Abnormalities of lung fields recalled for further examination at Chest Clinic :—

N.A.D.	...	30
Active T.B.	...	1
Healed Primary Complex	...	10
Healed Primary Complex	...	2
and Calcified Hilar Glands ..		
Bronchiectasis (2 of which were old cases)	...	3
Total		46

The number of unwelcome reactions to vaccination were very small, and most so-called complications were found, on investigation, to have no relation to the vaccination and to be merely coincidental. A letter by the Deputy Medical Officer of Health concerning a small number of unusually persistent skin papules remaining after the skin tests was published in The Lancet 1956 i p108.

It is pleasant to record the willing help given by the medical and nursing staff of the Chest Clinic and by the radiographer at Trinity Place, Mr. Jack Ley and his clerical assistants. Such co-operation was essential to the smooth running of the scheme. Lastly thanks must be given to the parents who gave their consent for the vaccination of their children, to the children themselves who accepted the injections without fuss, and to the school teachers who supervised arrangements in their schools or the passage of children to and from Trinity Place.

Skin test (Mantoux) surveys were undertaken in four schools on the class contacts of cases of pulmonary tuberculosis. Details are as follows :—

March 1955.

Class contacts of case (child) at Brynmill Junior Mixed School

Age	Mantoux-Negative	Mantoux Positive	X-Ray Normal
10	4	4	8
11	4		4

July, 1955.

Classes investigated at Manselton S.M. (Girls) and Terrace Road Infants School because of contact in each case with a child suffering from pulmonary tuberculosis and at Nelson Street Nursery and Gwyrosydd J.M. School because of contact with infected adults.

School	Age	Mantoux Negative	Mantoux Positive	X-Ray Normal	
Manselton	13	1	0	3*	
S.M. Girls	14	25	8	33	

* (2 girls had X-ray only because parents would not consent to skin testing).

Terrace Rd. Infants.	4	1	0	-
	5	20	0	-

(1 Teacher was negative).

Nelson St. Nursery.	2	8	2	-
	3	17	1	-
	4	16	0	-
	5	4	0	-

4 close contacts already seen at Chest Clinic.
Mantoux positive cases were examined radiographically at Chest Clinic and found to be normal.

VENEREAL DISEASES.

Auxiliary Clinic for the treatment of Mothers and Children.

As in the case of the rest of the country, the number of cases of Venereal Disease continues to decrease. No new cases of syphilis were found among patients attending the Ante-natal clinics during the year. 9 of the patients already attending the Clinic were discharged as cured, 4 patients known to have been treated for syphilis were confined during the year - the babies were all found to be free from disease. All the patients who were pregnant completed their course of treatment.

15 new cases of Gonorrhoea were treated - 12 patients completed their course of treatment and were cured.

Age and Sex Distribution of cases under treatment or observation at the beginning and end of the year.

	Syphilis			Gonorrhoea		Other Conditions				
	Males	Females		Females		Males	Females		TOTALS	
	Under 15	Under 15	Adults	Under 15	Adults	Under 15	Under 15	Adults	Males	Fe- males
1st Jan.	-	-	22	-	10	-	-	60	-	101
31st Dec.	-	-	25	-	8	-	-	82	-	108

The new cases dealt with during the year were obtained from the following courses:-

Ante-natal Clinic	...	197
Post-natal Clinic	...	13
Infant Welfare Clinic	...	2
Orthopaedic Clinic	...	1
School Medical Inspection	...	1
Midwife	...	2
Private Practitioner	...	3
Probation Officer	...	2
Swansea Hospital	...	<u>2</u>
		<u>223</u>

The following return shows the work undertaken at the Venereal Diseases Clinic, Mount Pleasant Hospital, Swansea, and the Auxiliary Clinic, Eaton Crescent.

	Mount Pleasant			Auxiliary		
	Totals	Males	Females	Totals	Males	Females
1. Patients under treatment or observation on 1st Jan.	78	53	25	22	-	22
2. Patients removed from register in previous years who returned during year for treatment or observation of the same condition	8	6	2	1	-	1
3. Patients transferred from other centres after diagnosis	15	14	1	1		1
4. Patients dealt with for the first time (excl. 2&3) suffering from :-						
Syphilis Primary	6	5	1	-		-
Syphilis Secondary	2	2	-	-		-
Syphilis Latent in 1st yr. of infection.	1	1	-	-		-
Syphilis Cardio-Vascular	1	1	-	-		-
Syphilis of the nervous system	4	1	3	-		-
All other late or laten stages	2	-	2	-		-
Syphilis Congenital: Aged under 1 year.	-	-	-	-		-
do. Aged 1 but under 5.	-	-	-	-		-
do. Aged 5 but under 15.	1	1	-	-		-
do. Aged 15 & over	-	-	-	-		-
TOTAL: ITEM 4.	17	11	6	-		-
5. Patients completing treatment &/or observation.	23	17	6	9		9
6. Patients transferred elsewhere	17	15	2	-		-
7. Patients not completing treatment &/or observation.	12	8	4	-		-
8. Patients under treatment or observation on 31st Decr.	66	44	22	15		15
9. Patients under treatment or observation on 1st January.	54	52	2	10		10
10. Patients removed from the register in previous years who ret'd. during year for treatment or observation of same condition.	-	-	-	1		1
11. Patients transferred from other centres after diagnosis	43	41	2			
12. Patients dealt with for first time (excl. 10 & 11)	91	88	3	15		15
13. Patients completing treatment &/or observation.	67	64	3	12		12
14. Patients transferred elsewhere	51	51	-			
15. Patients not completing treatment &/or observation.	23	23	-	6		6
16. Patients under treatment or observation on 31st Decr.	47	43	4	8		8

	Mount Pleasant			Auxiliary		
	Totals	Males	Females	Totals	Males	Females
17. Patients under treatment or observation on 1st January.	113	101	12	69	-	69
18. Patients removed from register in previous years who returned during year for treatment or observation of same condition.	-	-	-	33		33
19. Patients transferred from other centres after observations.	2	2	-	-		-
20. Patients dealt with for first time (excl. Items 18 & 19) suffering from:						
Chancroid	2	2	-			
Lymphogranuloma Venereum	-	-	-			
Granuloma Inguinale	-	-	-			
Non-Gonococcal Urethritis	138	138	-			
Any other conditions requiring treatment.	92	92	7	203		203
Conditions not requiring treatment.	122	106	16	12	1	11
Undiagnosed conditions	-	-	-			
TOTAL : ITEM 20:	361	338	23	215	1	214
21. Patients completing treatment &/or observation	328	301	27	66	1	65
22. Patients transferred elsewhere	33	33	-	11		11
23. Patients not completing treatment &/or observation	-	-	-	158		158
24. Patients under treatment or observation on 31st Decr.	115	107	8	82		82

	Syphilis Item 4.	Gonorrhoea Item 12.	Other Conditions	Syphilis Item 4	Gonorrhoea Item 12	Other Conditions
Swansea	7	30	138			
Sailors	2	37	124			
Glamorgan	1	11	38			
Carmarthen	2	9	43			
Pembroke	3	4	7			
Brecon	1	-	7			
Cardigan	1	-	4			
Swansea County Borough (Auxiliary Clinic).	-	-	-	-	15	215
TOTAL:	17	91	361	-	15	215

Rehousing.

As mentioned in last year's report, a review of rehousing procedure on priority grounds was made by the Housing Committee during the present year.

Prior to the review, the only persons given definite priority for rehousing were those who suffered from tuberculosis, although a report was submitted at the request of the Committee on any case in which it was felt that the housing conditions were detrimental to the health of the people living in the household; and in many cases priority rehousing on medical grounds was approved. This arrangement, however, meant that the department's officers were spending a considerable portion of their time collecting information and submitting reports on cases which did not merit priority rehousing. I was therefore asked to submit a report on the question of medical categories which should be considered for priority rehousing and the following extract from the minutes of the Housing Committee held on the 14th November, 1955 shows the present position :-

" Medical Priority.

The Medical Officer of Health submitted the following list of categories which he recommended should be accepted as those categories which would warrant consideration for the granting of priority accommodation :-

- (a) Tuberculosis.
- (b) Cardiac Disease with bronchitis.
- (c) Cardiac Disease without bronchitis.
- (d) Orthopaedic Defects.
- (e) Epilepsy.
- (f) Asthma with bronchitis plus heart disease.
- (g) General ill-health plus mental aberration.

RESOLVED (1) that the above categories be approved and that all previous decisions relating thereto be rescinded:

(2) that an allocation of 20% of the available houses be made available for applicants approved for priority accommodation because they come within the above categories".

During the year 26 applicants were granted priority rehousing on medical grounds.

Sick Room Equipment.

The arrangements were the same as for previous years and the number of articles issued during the year was as follows :-

Air rings	.....	209
Bed pans	.....	186
Bed rests	.....	127
Mackintosh sheets	...	232
Urinals	.....	71
Wheel chairs	.....	12
Other misc.equipment	..	14

Orthopaedics.

Treatment for orthopaedics and postural defects is provided at the Authority's Orthopaedic Clinic, Trinity Place. The cases normally dealt with are children who have attained school leaving age and whose treatment, previously started, has not been completed.

No. of special cases seen by doctors	...	5
No. of re-examination cases seen by doctors.	...	11
No. of patients treated at hospital	...	80
No. of new patients attending	...	7
No. of old patients attending	...	13
Total attendances	...	169

Note. For information regarding the orthopaedic treatment of children under school age, please refer to the part of the report on the services available for the care of infants.

General.

Particulars of patients discharged from the local hospitals are forwarded to the department for appropriate action to be taken when necessary.

Two Health Visitors also attend ward rounds, consultations and out-patients to provide information to the hospital medical staff regarding the family history and home conditions.

This aspect of our work is not developing as rapidly as would be desirable in view of the shortage of health visitors, but as much time as can be spared by the health visitors is spent on this work.

Miscellaneous.

During the year 394 persons were medically examined prior to entry in the Local Government Superannuation scheme. The results are shown below :-

<u>Category.</u>		<u>Number.</u>
1. First Class Life	...	240
2. Fit for appointment and no undue risk to the Fund.	...	140
3. Re-examination(ultimately to come into 1 or 2 above or be discharged).	...	12
4. Unfit	...	2

Apart from the above, 52 persons were examined to determine their fitness for work.

HEALTH EDUCATION.

During the year a Mothers' Club was opened at Norton Villa Clinic. The mothers meet one evening a week for an educational and social meeting. It is the first time such a venture has been tried in our clinics and is the result of the enthusiasm displayed by the health visitors and the mothers in the area. The club has proved to be most popular and its development will be watched with interest. The local health authority provides the accommodation and ancilliary facilities. All arrangements are entirely in the hands of the mothers who have appointed their own officers and working committee.

During the year, in conjunction with the Central Council for Health Education, a two day course on health education was organised and was attended by all sections of the health department staff. Staff from adjacent local authorities also attended. The course proved highly successful and renewed interest was fostered in health education. Classes held during ante-natal and child welfare clinics are of great value to mothers. Film shows on selected topics were also given at these clinics and pamphlets of assorted varieties, published by the Central Council for Health Education, were issued free to all attending the clinics.

There is a steady demand for members of the professional and lay staff to talk to various organisations in the borough on the work of the health and welfare department. Many of these talks are given in the evening after normal working hours and I must record my thanks to all those members of the staff who have given freely of their own time to further the cause of health education.

Many social science students attending the University College of Swansea were given an opportunity of visiting our clinics and other premises for observation visits. Some of the students were attached to members of the department and accompanied them on their daily work. This applied particularly to overseas students, who were also given an opportunity of working with the administrative sectional heads of the department.

DOMESTIC HELP.

The arrangements were the same as outlined in my report for 1952.

The number of cases provided with domestic help during the year is as follows :- (also shown are the figures for 1954).

	<u>1955.</u>	<u>1954.</u>
Maternity (including expectant mothers)	26	45
Tuberculosis	3	6
Chronic sick including aged and infirm	483	314
Others	<u>71</u>	<u>69</u>
TOTAL	583	434

The number of helps employed at the end of the year was 24 whole-time and 36 part-time equivalent, an equivalent of 42 helps full time. This was an increase of only two on that of the previous year, but the increase in the number of cases dealt with was 149. That it was possible to do this, was due in part to the small increase in staff, a reduction in the number of maternity cases attended (a help not engaged full-time on a maternity case can possibly assist three to five other cases during the same period, e.g. the aged) and a reduction in the time allocated to some cases, so that as much help as possible could be given to all deserving applications.

Over 80% of the cases assisted during the year were the chronic sick including the aged and infirm. The service is very much appreciated by these people for it assists them to remain in their own homes, makes them happier, and helps them to retain their feeling of independence.

As I remarked last year, there is a never ending demand for this service and much time has to be spent scrutinizing the circumstances of each application to ensure that the helps are employed in the most deserving households.

MENTAL HEALTH.

Administration.

All matters concerning mental health are considered by the Health Committee. Subjects requiring detailed consideration are referred to the Standing Sub-Committee.

Staff.

Deputy Medical Officer of Health - part-time

3 Assistant Medical Officers - part-time

1 Duly Authorised Officer (full-time)

1 Mental Health Supervising & Duly Authorised Officer

3 Duly Authorised Officers - part-time

Occupation Centre - 1 Supervisor

3 Assistants

1 Cook

Industrial Centre - 1 Supervisor

2 Assistants

(The general administration of both centres is supervised by the Mental Health Supervising Officer).

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

The Mental Health Supervising Officer undertakes the supervision of patients on Licence from Institutions for Mental Defectives and also home visits for reconsideration of Orders and holiday leave etc. The services of a Consultant Psychiatrist are available when required.

Voluntary Organisations.

One case under Guardianship supervised upon our behalf by Brighton Guardianship Society.

Training of Workers.

Students from the University studying Social Science are permitted to spend a short period in the Mental Health Section to study the general administration of the Mental Deficiency Acts including home visiting.

Mental Deficiency Acts.

	Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.
1. Particulars of cases reported during 1955.				
(a) Cases at 31st December 1955, ascertained to be defectives "subject to be dealt with" ...	8	5	4	2
Number in which action taken on reports by:-				
(1) Local Education Authorities on children				
(i) While at school or liable to attend school ...	8	5	-	-
(ii) On leaving special schools ...	-	-	-	-
(iii) On leaving ordinary schools ...	-	-	-	-
(2) Police or by Courts ...	-	-	-	-
(3) Other Sources ...	-	-	4	2
(b) Cases reported who were found to be defectives but were not, at 31st December 1955, regarded as "subject to be dealt with" on any grounds	-	-	-	-
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b) ...	-	-	-	-
TOTAL ...	8	5	4	2
2. Disposal of cases reported during 1955.				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a)), number:-				
(i) Placed under Statutory Supervision	8	5	4	1
(ii) Placed under Guardianship	-	-	-	-
(iii) Taken to "Places of Safety"	-	-	-	-
(iv) Admitted to Hospitals	-	-	-	1
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)) number:-				
(i) Placed under Voluntary Supervision	-	-	-	-
(ii) Action unnecessary	-	-	-	-
TOTAL ...	8	5	4	2
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1955 and admitted to				
(a) National Health Service hospitals ...	-	-	-	1
(b) Elsewhere ...	-	-	-	4
TOTAL ...	-	-	-	1
4. Total cases on Authority's Registers at 31.12.55.				
(i) Under Statutory Supervision ...	37	17	97	96
(ii) Under Guardianship ...	-	-	1	-
(iii) In "Places of Safety" ...	-	1	-	1
(iv) In Hospitals ...	8	2	87	86
(v) Under Voluntary Supervision ...	-	-	11	8
TOTAL ...	56	20	196	191
5. Number of defectives under Guardianship on 31st December, 1955, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913. (Included in 4 (ii)).				
...	-	-	-	-

		Under age 16.		Aged 16 and over.	
		M.	F.	M.	F.
6.	Classification of defectives in the community on 31.12.55 (according to need at that date)				
(a)	Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to the hospital authority.				
(1)	In urgent need of hospital care:-				
(i)	"cot and chair" cases	-	-	-	1
(ii)	ambulant low grade cases	1	2	-	2
(iii)	medium grade cases	2	-	-	-
(iv)	high grade cases	-	-	-	-
	Total urgent cases	3	2	-	3
(2)	Not in urgent need of hospital care:-				
(i)	"cot and chair" cases	-	-	-	-
(ii)	ambulant low grade cases	-	-	-	-
(iii)	medium grade cases	-	-	-	-
(iv)	high grade cases	-	-	-	-
	Total non-urgent cases	-	-	-	-
	TOTAL	3	2	-	3
(b)	Of the cases included in items 4(i), (ii) and (v), number considered suitable for:-				
(i)	occupation centre	21	15	-	19
(ii)	industrial centre	3	-	40	-
(iii)	home training	-	-	-	-
	TOTAL	24	15	40	19
(c)	Of the cases included in 6(b), number receiving training on 31.12.55:-				
(i)	In occupation centre	21	12	-	14
(ii)	In industrial centre	3	-	38	-
(iii)	At home	-	-	-	-
	TOTAL	24	12	38	14

Taken off the Register.

			Male.	Female.
Ceased to be under Care	...	...	2	1
Died, left the district or lost sight of	...	...	4	5
Dealt with under Lunacy Act	...	...	-	1
			6	7

The number of visits made by the Mental Deficiency Supervising Officer was 1,669.

Training - Occupation & Industrial Centres.

There are two day training centres for mental defectives.

They are:-

- (a) Occupation Centre
(which is sub-divided to provide accommodation for older girls in the form of a Handicraft Centre),
Mount Pleasant Baptist Chapel Schoolroom, Aberdyberthi Street, Hafod, Swansea.
- (b) Industrial Centre,
St. Catherine's Schoolroom, Clifton Row, Swansea.
(At present accommodated at St. Mary's Hall, James Street, pending alterations)

Number receiving training.

At the end of the year the number receiving training was :-

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Under 16 years of age	24	12	36
Over 16 years of age	38	14	52
	62	26	88

This number was allocated between the respective centres as under :-

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Occupation Centre	21	26	47
Industrial Centre	41	-	41
	62	26	88

Medical Inspection and Treatment.

All pupils attending the Centres are medically examined annually and they receive dental treatment and treatment for minor ailments at the clinic. All attending the Occupation Centre are visited periodically for hygiene inspection by the school nurse. Arrangements were made for visitation by the Speech Therapist but they were discontinued after about 6 months owing to deficiency in Staff.

32 patients from the Industrial Centre made 146 attendances for minor ailment defects and 15 patients from the Occupation Centre made 60 attendances for treatment.

Type of training undertaken.

- Occupation Centre - Elementary 3 'Rs. - Sense Training - Habit training - Percussion Band - Musical games and action songs - clay modelling - elementary handwork or physical training, etc. etc.
- Handicraft Centre - Simple cookery and laundry - rug making, embroidery and stool making - raffia work, etc., etc.
- Industrial Centre - Boot and shoe repairs for Homes for the Aged. Part III Accommodation and Children's Department etc., cutting or bundling firewood for Clinics and Homes for Aged, etc. rug and mat making - basket work - brush making - fret work - physical training - organised games etc., etc.

The accommodation at both Centres is most inadequate and interferes with the scope of training. Great credit is due to the staff of the Centres that they are able to accomplish so much under great difficulties and this point has been mentioned by the Board of Control Inspectors. The Industrial Centre is being extended and renovated and it was hoped that it would be available for occupation in 1956. However, it is known that this will not be, and this fact will be mentioned in my report for next year. The Committee has been trying for a number of years to obtain suitable land to build a new occupation centre, but without success. However in November the Committee agreed to the purchase of land near Broadway, Sketty, for this purpose and progress will be reported next year.

Provision of Meals.

The dinners for both Centres are cooked at the Occupation Centre. Many of the girls attending the Handicraft Class assist in preparing the meals under the supervision of the work. The meals are conveyed to the Industrial Centre in insulated containers. The males and females attending the Centres who are over 16 years, are provided with free meals. The parents of the children under 16 years are expected to pay for the meals, but allowances are made in necessitous cases.

Transport Facilities.

Most of the adult males and females attending the respective Centres have been trained to proceed to and from the Centres on their own initiative. 'Bus tokens and vouchers are issued to them for free travel on the 'buses. The children are conveyed to and from the Centre by transport provided by the department.

Staff.

The staff of each Centre has been increased by one assistant during the year.

Holidays.

The Centres are closed for similar periods as the Primary Schools.

Board of Control (Ministry of Health) Inspector.

An Inspector of the Board of Control visited both Centres. No report was submitted upon the Industrial Centre because of the temporary accommodation.

The report upon the Occupation Centre is in complimentary terms but attention is drawn to the shortcomings of the accommodation.

Pocket Money.

The males and females over 16 years of age, in addition to their mid-day meal and 'bus tokens are provided with weekly pocket money. The sum varies from 2/6d. to 7/6d. as a token for good behaviour, regular attendance and the efficiency displayed in the training and work. Previous to this year the maximum amount was 5/- but the Committee approved the increase to 7/6d. in certain cases.

Glamorgan County Cases.

In addition^{to} the numbers of Swansea patients quoted as receiving training in the Centres, there are 13 patients from the Glamorgan County Council area, also attending, the cost being borne by the County Council.

Miscellaneous.

Arrangements were made during the year for the pupils attending both Centres to go on a Summer Picnic, to have a Christmas Party and to visit a Pantomime.

General.

Our greatest problem is still the limited number of beds available for urgent cases needing care in Mental Deficiency Hospitals. The cases under Statutory Supervision receive the benefits of care and after-care if necessary and those who are suitable are advised regarding employment through consultations between the Supervising Officer and the D.R.O. Cases on Licence are also helped in this way regarding suitable employment. Close co-operation is maintained between departments of the Council by exchange of information thus avoiding unnecessary overlapping of responsibilities. There is also close co-operation between the Mental Health Department and the National Assistance Board and Ministry of Labour.

Steady progress is being maintained with regard to the training, occupation and general welfare of mental defectives living in the Community.

The Supervising Officer attended the Conference of the Federation of Mental Health Workers.

NATIONAL ASSISTANCE (WELFARE) SERVICES PROVIDED BY THE LOCAL
AUTHORITY.

Homes for the Aged.

The time is now opportune for a general review and consideration of the progress made by this authority since the coming into operation on the 5th July, 1948, of the National Assistance Act and the demise of the old Social Welfare Department.

Up until 1951 the only accommodation available to the Health Committee for residential accommodation for Aged and Infirm was a portion of Mount Pleasant Hospital (formerly known as Tawe Lodge) where 215 beds were allocated to this authority for that purpose. For a considerable time there were no vacancies and a waiting list was in existence.

In accordance with this Council's policy of removing as many residents as possible from Mount Pleasant Hospital, plans were made for the provision of seven homes and at the beginning of 1955, six Homes, accommodating approximately 210 residents, were in existence.

Influenced by the success of the mixed Home which had been established at West Cross, it was decided that St. Margarets, Eaton Crescent, which was opened on 24th August, 1955, should be a similar type.

Thus, since the commencement of the programme in 1951 of rehousing old people from Mount Pleasant Hospital, we have in four years had the great satisfaction of setting up 7 new Homes. This has naturally resulted in a substantial reduction in the number accommodated in Part III Accommodation at Mount Pleasant Hospital. Instead of 215 residents as was at one time necessary to accommodate, we were left on December 31st, 1955, with 75 (male and female). Of these a very high proportion are either unsuitable, or do not wish to be considered for transfer.

There is a small waiting list for admission to the Homes for the Aged, but the matter is well under control.

	Male				Female				
	Earls- moor	Norton Lodge.	West Cross Hse.	St. Mgts.	Tuxedo.	Ingledene & Llan- thewy	West Cross Hse.	St. Mgts.	Total
No. of residents on 31.12.54.	32	22	37	-	31	52	17	-	191
No. of residents ad- mitted during 1955.	28	11	17	32	28	23	14	21	174
No. discharged during 1955.	29	13	18	12	29	23	12	6	142
No. remaining on 31.12.55.	31	20	36	20	30	52	19	15	223

<u>Mount Pleasant Hospital.</u> Residential.	Male	Female	Total
No. of residents on 31.12.54.	41	33	74
No. of residents admitted during 1955	68	50	118
No. of discharges during 1955	70	47	117
No. remaining on 31.12.55.	39	36	75

Temporary Accommodation.

Under Section 21 of the National Assistance Act, this authority has the duty to provide temporary accommodation for persons who are in need of it through circumstances which could not be reasonably foreseen such as fire, flood, eviction. Since July 1948, temporary accommodation has been provided at Mount Pleasant Hospital. Great difficulty has been experienced in carrying out the functions under this section because of :-

1. Unsatisfactory nature of the accommodation available.
2. Detrimental effect on the children of the environment in which they were being reared.
3. Families settling down and making it permanent accommodation.
4. Inability to supervise and educate these families.
5. Disruption of hospital life by the children - mischievous and noisy.

The foregoing problem was considered by the Health Committee and it was decided to set up a Hostel for Problem Families at Cwmllwyd, Waunarlwydd. The adaptation of this old Smallpox Hospital was completed in August and it was opened on the 15th August with accommodation available for 15 families in the form of flatlets. Families are no longer separated but are kept together as a unit. Supervision of premises, education in the essentials of life (care of children, budgeting, cleanliness, conduct etc.) are all undertaken by an experienced Health Visitor/Social Worker, with whom I have frequent case discussions. In due course, when assessed as suitable, these families will be recommended to the Housing Committee for rehousing.

Six families were transferred from Temporary Accommodation, Mount Pleasant Hospital to Cwmllwyd Hostel during the year and this has meant a reduction of financial loss to this authority as accommodation charges at Mount Pleasant Hospital are extremely high as compared to Cwmllwyd.

The provision of a Problem Family Rehabilitation Hostel has enabled the authority to ease the unsatisfactory situation at Mount Pleasant Hospital and get to grips with a great social problem. It is hoped that further progress in the relief of pressure at Mount Pleasant Hospital and in the rehabilitation of these families will soon be reported.

Cwmllwyd.	Male	Female	Children	Total.
No. of residents on 31.12.54	-	-	-	-
No. of residents admitted during 1955.	5	6	24	35
No. of discharges during 1955	-	-	-	-
No. remaining on 31.12.55.	5	6	24	35

Due to the transfer of temporary families, the overall picture of Temporary Accommodation at Mount Pleasant Hospital is much brighter as borne out by these figures.

Temporary Accommodation- Mount Pleasant Hospt.	Male	Female	Children	Total
Accommodated on 31.12.54	10	21	29	60
Accommodated on 31.12.55	3	7	5	15

RETURN OF PERSONS RESIDENT ON THE NIGHT OF 1ST JANUARY 1956
IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT
1948.

TABLE A. RESIDENTIAL ACCOMMODATION.

Persons residing in														
Description of Persons	Former workhouses				Other Premises managed by the Council	Accommodation provided on behalf of the Council by voluntary organisations	Total (Cols. 2 to 5)		No. of persons included in Cols. 2 to 6 for whose maintenance other local authorities are responsible.	No. of persons (not included in Cols. 2 to 6) accommodated by other local author- ities for whose maintenance the Council are res- ponsible.				
	Owned by the Council	Vested in the Minister as Hospitals												
		(2)	(3)	(4)								(5)	(6)	(7)	(8)
(1)	M	W	M	W	M	W	M	W	M	W	M	W		
1. Aged														
(a) not materially hand- icapped by infirmity	-	-	14	10	87	68	1	-	102	78	4	1	2	1
(b) Physically or mentally infirm	-	-	15	15	9	28	-	-	24	43	1	3	1	-
2. Blind	-	-	2	5	8	8	-	2	10	15	1	-	-	-
3. Deaf or Dumb	-	-	-	-	-	-	-	-	-	-	-	-	-	1
4. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Crippled	-	-	1	5	1	-	-	-	2	5	-	1	-	-
6. Physically infirm (not being aged)	-	-	4	1	2	5	-	1	6	7	-	-	-	-
7. Mentally infirm (not being aged)	-	-	3	-	1	7	-	-	4	7	-	2	1	-
TOTAL	-	-	39	36	108	116	1	3	148	155	6	7	4	2
8. Children accompanied by persons over 16														
9. Children accommodated under the Children Act 1948														
(a) under Section 13(2)														
(b) under Section 13(3)														
TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL	-	-	75		224		4		303		13		6	

TABLE B - TEMPORARY ACCOMMODATION.

Description of Persons.					Persons residing in						No. of per- sons included in Cols. 2 to 6 for whose maintenance other local auth- orities are res- ponsible.	No. of persons (not included in Cols.2 to 6) accommodated by other local author- ities for whose maintenance the Council are res- ponsible.		
	Former Workhouse				Other premises managed by the Council	Accommodation provided on behalf of the Council by voluntary organisations	Totals (Cols. 2 to 5)							
	Owned by the Council	Vested in the Minis- ter as Hospitals												
(1)	(2)		(3)		(4)		(5)		(6)		(7)		(8)	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W
1. Persons over 16														
(a) Evicted	-	-	-	6	5	6	-	-	5	12	-	2	-	-
(b) Others	-	-	3	-	-	-	-	-	3	-	-	-	-	-
Total	-	-	3	6	5	6	-	-	8	12	-	2	-	-
2. Children accompanied by persons over 16														
(a) Evioted	-		5		23		-		28		6		-	
(b) Others	-		-		-		-		-		-		-	
3. Children aocommodated under the Children Act, 1948														
(a) Under Section 13(2)	-		-		-		-		-		-		-	
(b) Under Section 13(3)	-		-		-		-		-		-		-	
Total	-		5		23		-		28		6		-	
GRAND TOTAL	-		14		34		-		48		8		-	

(II) REGISTRATION OF OLD PERSONS' AND DISABLED PERSONS' HOMES
(SECTIONS 37 to 40 OF THE NATIONAL ASSISTANCE ACT, 1948)

	Homes first registered during 1955		Registrations refused or cancelled during 1955.		Homes on the Register on 1st January, 1956.	
	No. of Homes	Beds	No. of Homes	Beds	No. of Homes	Beds
Homes for Old Persons	-	-	-	-	2	30
Homes for Disabled Persons	-	-	-	-	1	32
Homes for Old persons and Disabled Persons	-	-	-	-	1	16
TOTAL	-	-	-	-	4	78

Amenities in Homes for the Aged.

For some considerable time it was found that the aged people were very reluctant to apply for admission to Homes for the Aged as there was a feeling that they were no more than "miniature institutions". However, these fears were quickly dispelled and as more Homes for the Aged were opened, the resultant publicity was responsible for the enlightenment of the aged population in Swansea.

In the provision of residential accommodation, care has been taken to create conditions and an atmosphere as near to those of the normal home as possible. The residents are our "Guests" and where they reside is their home, and they are given every encouragement to look upon it as such.

They have their own personal things around them. As there are virtually no rules or regulations whatever, relatives and friends can visit at any time and, of course, residents can go visiting as they wish.

Apart from their every physical need being provided, there is entertainment, recreation, a library and television. Residents are also encouraged to take up occupational therapy. To date the quality and quantity of articles completed is very good and include stools, rugs, lampshades, socks, chair backs, scarves etc. All completed articles are put to use in the Home.

It is found that occupational therapy is invaluable in keeping the aged residents active, both physically and mentally, and above all helps defeat that enemy of elderly people "BOREDOM".

Since the inauguration of the Occupational Therapy scheme, the following articles are but some of those which have been completed:-

Lampshades	...	82	Stools	...	5
Rugs	...	32	Chairbacks	...	74
Pairs of shoes	...	83	Scarves	...	6

Outside voluntary organisations visit all the Homes and provide concerts including community singing. Religious services are also conducted at the Homes.

Residents are not required to undertake tasks but, in their own interests, are encouraged to help in the Home by tidying their own room, bed making, assisting in the preparation of meals, table laying and washing up; also in the gardens.

With such accommodation available it is found that applications are increasing to such an extent that careful consideration is given to each application so that the question of "need of care and attention" is satisfied.

ANALYSIS OF AGE GROUPS OF PERSONS IN PERMANENT RESIDENTIAL ACCOMMODATION ON 31ST DECEMBER, 1955.

Under 50 years of age	...	6
50 to 60 years of age	...	18
60 to 70 years of age	...	67
70 to 80 years of age	...	108
Over 80 years of age	...	<u>99</u>
		298

Medical arrangements.

Residents in the Homes for the Aged are encouraged to retain their own doctors. If this is not practicable, as in the case when distances between the general practitioner's normal district and the Home is prohibitive, arrangements are made for them to be transferred to the list of a local practitioner of their own choice.

Regular visits to the Homes are made by the Senior Assistant Medical Officer who advises the Wardens on any problems of a medical nature.

Medical Arrangements(Contd.)

During the year, 221 chest x.rays of residents were arranged, with negative results in all cases. More detailed information about the results may be obtained by referring to that section of my report which gives an account of the Static Mass Miniature Radiography Unit. It is now the normal procedure that, where possible, all residents are x.rayed prior to admission and, if not practicable, immediately after.

Payment for Accommodation.

A prime factor in giving the elderly folk that vital sense of independence is that all contribute for their board and lodging on a sliding scale, according to their financial circumstances, and everyone retaining by right a minimum of 7/6d. pocket money, which is spent on stamps, personal trinkets or it is put into savings.

In accordance with the National Assistance (Charges of Accommodation) Regulations 1955 (Circular 2/55 (Wales)), the minimum charge for accommodation provided under Part III of the National Assistance Act, 1948, was increased from 26/- to 32/6d. per week. These regulations came into effect on 25.4.55, the date from which, amongst other things, increased rates of retirement pension became payable.

The maximum charge, generally known as the Standard charge, was reduced on 14th April, 1955, from £4. 5. 9d. to £4. 0. 6d.

It will be appreciated ~~that~~ the majority of our residents are pensioners and only able and liable to pay the minimum charge. The following estimate of present contributions may prove of interest:-

Minimum contribution of £1. 12. 6d. weekly	...	83%
Between £1. 12. 6d. and £2. 0. 0d. weekly	...	5%
" £2. 0. 0d. " £2.10. 0d. "	...	4%
" £2. 10. 0d. " £3. 0. 0d. "	...	2%
" £3. 0. 0d. " £3.10. 0d. "	...	1%
" £3. 10. 0d. " full cost	...	5%

Aged Sick.

The national problem of the aged sick or "Chronic Sick" is quite evident in the area of this authority and the problem is as acute in Swansea as in any of the larger towns and cities of the United Kingdom. The Glantawe Hospital Management Committee has at its disposal 204 beds for the nursing of the Chronic Sick, but this is for an area much greater than that of the County Borough itself. The problem in the Borough therefore is most distressing.

The shortage of beds has given rise to extensive waiting lists, and consequently difficulty with the admission of urgent and desperate cases has been experienced. It has been found that more and more cases are now being referred to the Health Department for assistance in obtaining admission to hospital. Environmental reports and general practitioner medical opinions are obtained on all reported cases and no stone is left unturned in our efforts to obtain priority in admission when this is indicated. Approximately 50 cases were investigated during the year. The co-operation of the Glantawe Hospital Management Committee is essential and, during 1955, the understanding and sympathy of its officers was never more evident.

Having to administer Homes for the Aged where illness is ever present, first hand experience of the critical state of affairs is obtained. During the latter part of the year I had no alternative but to recommend to my Committee that a ten bed Sick Bay be put into use temporarily at St. Margarets, Eaton Crescent. Approval of such drastic action was obtained from the Welsh Board of Health, and residents during the interim period between onset of illness and admission to hospital are nursed at the Sick Bay. This home was chosen for this purpose because it had the necessary room available and the resident attendant is a qualified nurse.

It is hoped within the next two years to relinquish Block 1 at Mount Pleasant Hospital and so provide the Glantawe Hospital Management Committee with accommodation for the provision of extra chronic sick wards. Discussions to this end are now taking place.

The Chronic Sick problem will not be solved for some considerable time but, whilst it persists, my Department will endeavour to assist in every possible way to alleviate the distress and suffering of the aged sick and relieve pressure on the Glantawe H.MC. waiting lists.

Investigation of cases by Welfare Staff.

Activity in the "welfare field" has continued at a very high tempo and, during the year, the number of visits exceeded 600.

A high percentage of the cases visited were in regard to admission to Part III Accommodation but other matters, as shown below, were also dealt with:-

- (1) Investigating environmental conditions where priority in admission to hospital is indicated.
- (2) Investigating complaints - which came from the general practitioners, health visitors, district nurses, National Assistance Board, voluntary organisations etc., - regarding the conditions under which elderly people lived.

In practically all cases, assistance was rendered and, apart from admission to Part III Accommodation, took various forms such as:-

- (1) Drawing attention of National Assistance Board to cases where financial assistance was required.
- (2) Arranging for the provision of Local Health Services such as Domestic Helps and District Nursing Services.
- (3) Arranging for the provision of hot meals - W.V.S., Meals on Wheels Service.
- (4) Cases where chiropodial treatment was required were brought to the attention of the Swansea Old People's Welfare Committee.

This authority continues to provide a 24 hour welfare service and a welfare officer is on standby duty after normal office hours and Public Holidays. He may be contacted at any time by a telephone call to the Ambulance Depot.

A careful record has been made of emergency calls and, for the period 1.9.53 - 31.12.55, 290 cases were investigated. During 1955, 89 calls were made for the services of the duty welfare officer, details of which are as follows:-

Times	6p.m.- 7p.m.	7p.m.- 8p.m.	8p.m.- 9p.m.	9p.m.- 10p.m.	10p.m.- 11p.m.	11p.m.- Midnight	After- Mid- night.	Week-ends & Public Holidays.
No. of calls ...	11	7	9	8	7	7	11	29

Such a service is not generally provided by local authorities and I am aware of many large authorities where similar arrangements are not made.

Experience has shown that a high proportion of cases which are dealt with in the late hours are those where applicants show no sense of responsibility. They are well aware of their predicament during the day but, invariably, they are the type who "couldn't care less" and expect the Local Authority to find the solution to their problems at their convenience.

Regardless of the hour, careful investigations into the circumstances and previous movements of the applicant have to be made to determine whether there is a need for accommodation as well as the place of ordinary residence. Precise information with regard to the latter point is most essential as it has a direct bearing on the financial burden to be borne by the authority,

Arrangements with other Authorities.

No. of other Local Authorities' cases in Swansea Homes on 31.12.54	...	...	9
No. of other Local Authorities' cases in Swansea Homes on 31.12.55	...	...	16
No. of cases in other Local Authorities' Homes on 31.12.54			6
No. of cases in other Local Authorities' Homes on 31.12.55			8

As will be observed from these figures, during 1955 there was a marked increase in the number of cases where financial responsibility for maintenance was accepted by other Local Authorities. Normally decisions as to responsibility are arrived at by mutual agreement between the Local Authorities concerned but, in one instance, a dispute arose and the matter was placed in the hands of the Town Clerk. Representation was made to the Minister regarding the ordinary residence of one person in accordance with Section 32, Sub-section 3 of the Act (Adjustments between Authorities) and a decision favourable to this Authority was given.

Voluntary Organisations.

It was once said that "Official machinery supplies an admirable framework but deprived of voluntary effort the spirit which animates combined endeavours such as ours is lacking. The voluntary muscles act on, and through the official bones, while the latter provides the underlying form, stability and permanence." In this spirit the relationship between this authority and voluntary organisations has been further strengthened during the year and the atmosphere of team work is most apparent.

In its effort to encourage and sustain the work of the organisations interested in the welfare of old people, the payment of grants under Section 31 of the National Assistance Act, 1948, was continued. Grants were made to 38 such organisations during the year and appreciation was expressed by the clubs concerned.

The W.V.S. "Meals on Wheels" Service, which is carrying on invaluable work in its service to the aged people of Swansea, was granted an extra £35 towards the capital costs of providing new equipment for the extension of its "Meals on Wheels" Service. Close liaison is maintained between the W.V.S. and the field workers of the Health Department and a number of elderly people were referred to this organisation for the provision of hot meals.

The Swansea Old People's Welfare Committee which was formed in 1954, with the help of this authority, has established itself quite firmly and during the year has carried out excellent work in the field of social welfare. A valuable Chiropody Service was launched and statistics provided show that, for the first 5 months of the service, 25 sessions were arranged and 181 treatments given. The provision of extra sessions is contemplated in 1956 with the subsequent expansion of this service. A voluntary visiting service was also inaugurated and, at the end of the year, 44 visitors had been enrolled and over 100 elderly people were being regularly visited. This service is a worthy supplement to the visiting services being carried out by this authority.

Close liaison was a feature of the relationship between Swansea Old People's Welfare Committee and this authority. These bonds and ties were strengthened by two members of the Health Committee being nominated to serve on the Swansea Old People's Welfare Committee and the Superintendent District Nurse being elected to serve on the Executive Committee. The duties of Assistant Secretary of this organisation was carried out by the Welfare Administrative Assistant of the Health Department and the services of both Council and Staff members were really welcome and appreciated.

Arrangements with Voluntary Bodies.

No application was received during 1955 which necessitated this Authority making arrangements with voluntary organisations. Accommodation continues to be provided by the Glynn Vivian Home of Rest for the Blind for one person. The British Legion near Brecon continues to accommodate an aged person where maintenance charges are the responsibility of this authority.

The resident who was admitted to the Royal Hospital and Home for Incurables in 1954 is still a patient at this Home and continues to be the responsibility of this Authority.

Registration of Aged Persons and/or Disabled Persons Homes.

A register of Homes for Aged or Disabled Persons is maintained by the department and no person may carry on such a Home without being registered.

There were no applications for registration during the year and the following Homes continue to be registered:-

Nazareth House
Glyn Vivian Home
Bloomfield Eventide Home
Lansdown House

Mr. S.F. Fisher, my Lay Administrative Officer, and myself are authorised to inspect these Homes on behalf of this authority.

Burial of the Dead.

In accordance with Section 50, National Assistance Act 1948, it is the duty of this authority to cause to be buried or cremated the body of any person who has died in the area where no other suitable arrangements for the disposal of the body are being made.

Comparison with the figures for 1954 shows that there was an increase in the number of burials carried out by this authority during 1955. The total number of burials undertaken was 17. Full or part of the costs incurred were recovered in 10 of these cases. It is interesting to note that only 5 of these cases were residents in Part III Accommodation.

Compulsory removal of persons in need of care and attention.

In contrast to 1954, I am pleased to report that no cases were dealt with under Section 47 of the Act. However, several cases arose where such action was contemplated but it was found that suitable results were obtained by tact and persuasion.

I think that the absence of Section 47 cases can be attributed to the improvement in the general standard of living of the aged, together with the constant supervision and friendly approach of the statutory and voluntary social workers.

Care of Property.

The property of 15 persons admitted to hospitals and Part III Accommodation was taken into care during the year. These were cases where there were no relatives or friends to care for same.

The estimated total value of property in cash, securities, jewellery etc., taken into safe custody by the officers of the department was over £3,000. Precise details of the property are kept in a special register and, after registration, it is handed to the Borough Treasurer for safe keeping.

The following is an outstanding case of the type of problem with which the department is faced, often without warning, bringing in its wake a trail of essential but unpublicised responsibility and labour. The amount of valuables, securities, cash etc., in this case has not been included in the sum mentioned overleaf, since it was handed over to the care of the Bank.

Mr. "A", an aged person, who had been living alone with his bed-ridden sister in a large house on the outskirts of the town, was admitted to hospital on an Urgency Order very late one Friday night.

His invalid sister could not be left alone in the house and agreed to enter hospital for care and attention after her brother had been taken away. She took with her from under her mattress a brown paper parcel of pound notes.

The duly authorised officer made all the necessary arrangements for the two admissions to hospital, to secure the premises and also to meet a relative of Mr. "A" the following morning to list the contents of the house and take into safe-keeping any portable valuables.

Owing to sickness, the authorised officer was unable to keep his appointment at 10a.m. next day and another member of the staff of the department was deputed to take his place. Not only was the house found to be crammed full of papers and documents, packed in drawers, boxes, trunks, shelves, vases and books and piled high on chairs and tables, but also it became evident that the patient was well-to-do, the owner of many investments and the custodian of many family valuables and documents.

The officer and the relative worked throughout that Saturday, with only a short respite for a mid-day meal, and after searching for and listing valuables, deeds, wills, scripts, bonds, money, Insurance Policies, Savings Certificates and Bank Books, representing a fortune of many thousand of pounds it was early on Sunday morning when the premises were secured and the more portable valuables were stored away in a safe in the Guildhall. On Monday they were transferred to the strong-room of a Bank.

Subsequent disposal of the valuables was complicated by their value and by the difficulty of deciding ownership.

The relative was appointed Receiver by the Court of Protection and charged with the care of Mr. "A's" property. Shortly afterwards the sister died and her property had to be identified and cared for. Other similar complications arose in regard to property belonging to other deceased members of the family.

The ramifications of the problem seemed endless and has taken up an immense amount of the responsible officer's time over twelve months, visiting the house, the Bank, conferring with the appointed Receiver and the Town Clerk's representative.

BLIND WELFARE.

Registration.

During the year 1955 the total number of registered blind persons in Swansea increased by 16 to 409. New registrations numbered 47 of whom 33 were over 70. The following tables give detailed figures of the registration of Blind and Partially Sighted Persons for the year ended December 31st, 1955.

Blind Table I - Age Periods of Registered

Blind Persons.

M. F. Total.

0	-	-	-
1	-	-	-
2	-	-	-
3	1	1	2
4	-	2	2
5 - 10	-	-	-
11 - 15	2	-	2
16 - 20	-	1	1
21 - 30	7	6	13
31 - 39	12	6	18
40 - 49	5	15	20
50 - 59	18	22	40
60 - 64	28	12	40
65 - 69	23	22	45
70 +	81	145	226
	<u>177</u>	<u>232</u>	<u>409</u>

Table II - Age at onset of

Blindness.

M. F. Total.

0	13	20	33
1	1	1	2
2	1	1	2
3	-	-	-
4	-	1	1
5 - 10	6	4	10
11 - 15	2	1	3
16 - 20	7	2	9
21 - 30	14	10	24
31 - 39	12	9	21
40 - 49	14	16	30
50 - 59	26	24	50
60 - 64	18	21	39
65 - 69	11	30	41
70 +	52	92	144
	<u>177</u>	<u>232</u>	<u>409</u>

Table III - Blind Persons Registered as
New Cases.

M. F. Total.

0	-	-	-
1	-	-	-
2	-	-	-
3	-	-	-
4	-	-	-
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 30	4	-	1
31 - 39	-	-	-
40 - 49	-	-	-
50 - 59	1	2	3
60 - 64	3	1	4
65 - 69	1	5	6
70 +	12	21	33
	<u>18</u>	<u>29</u>	<u>47</u>

Table IV - Blind Persons Registered
as New Cases - Age at
Onset of Blindness.

M. F. Total.

0	-	-	-
1	-	-	-
2	-	-	-
3	-	-	-
4	-	-	-
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 30	1	-	1
31 - 39	-	-	-
40 - 49	1	1	2
50 - 59	2	3	5
60 - 64	2	4	6
65 - 69	-	2	2
70 +	12	19	31
	<u>18</u>	<u>29</u>	<u>47</u>

Table V - Occupations of Employed Blind Persons
(incl. in Col. (d) of Table IV).

Within Workshops
for the Blind.

In approved
Home Workers
Schemes.

Others not
Pastime
Workers.

TOTAL.

Basket Workers.	7	-	-	7
Mattress Makers.	4	-	-	4
Brush Makers.	5	-	-	5
Clerks and Typists.	-	-	1	1
Craft Instructors.	1	-	-	1
Factory Operatives (open)	-	-	4	4
(sheltered) Employment.				
Knitters - Machine.	1	-	-	1
Labourers.	-	-	1	1
Legal Profession.	-	-	1	1
Massage & Physiotherapy.	-	-	2	2
Mat Makers.	3	-	-	3
Office Executives.	1	-	-	1
Piano Tuners.	-	1	-	1
Porters, Packers & Cleaners.	1	-	-	1
Open Employment other than				
already catalogued.	-	-	5	5
Miscellaneous.	4	-	-	4
	<u>27</u>	<u>1</u>	<u>14</u>	<u>42</u>

Table VI - Education, Training & Employment. Age period 16 yrs. and upwards.

	<u>M.</u>	<u>F.</u>	<u>T.</u>
1. In Workshops for the Blind.	22	5	27
2. In Home Workers Schemes for the Blind.	1	-	1
3. Otherwise than 1 or 2.	14	-	14
4. Undergoing training. -	1	1	
5. Not employed.	137	223	360
	<u>174</u>	<u>229</u>	<u>403</u>

Table VII - Physically and Mentally Defective and Mentally Disordered - All ages.

<u>M.</u>	<u>F.</u>	<u>T.</u>
39	40	79

Table VI-I - Blind Persons age 16 and upwards (excluding those in Hostels for workers) - resident in

	<u>M.</u>	<u>F.</u>	<u>T.</u>
Homes for the Blind	-	1	1
Other Homes.	7	14	21
Mental Hospitals.	3	1	4
Mental Deficiency Institutions.	2	-	2
Other Hospitals.	<u>2</u>	<u>3</u>	<u>5</u>
	<u>14</u>	<u>19</u>	<u>33</u>

Registration of Partially Sighted Persons.

Table I - Total Number on Register.

	<u>M.</u>	<u>F.</u>	<u>T.</u>
0 - 15	2	4	6
16 - 20	2	-	2
21 - 49	-	5	5
50 - 64	3	6	9
65 and over	<u>35</u>	<u>52</u>	<u>87</u>
	<u>42</u>	<u>67</u>	<u>109</u>

Table II - Cases newly Registered. Age at Registration.

	<u>M.</u>	<u>F.</u>	<u>T.</u>
0 - 20	-	-	-
21- 49	-	2	2
50- 64	-	3	3
65 and over	<u>8</u>	<u>10</u>	<u>18</u>
	<u>8</u>	<u>15</u>	<u>23</u>

Table III - (i) Class A - Persons near and Prospectively Blind (age 16 and over).

	<u>M.</u>	<u>F.</u>	<u>T.</u>
Employed	1	1	2
Unemployed - Not under training.	18	47	65
	<u>19</u>	<u>48</u>	<u>67</u>

Table (IV) - (ii) Class B - Persons Mainly Industrially Handicapped (age 16 and over).

	<u>M.</u>	<u>F.</u>	<u>T.</u>
Employed	1	-	1
Unemployed - Not under training.	2	-	2
	<u>3</u>	<u>-</u>	<u>3</u>

Table V - (iii) Class C - Persons requiring observation only (age 16 and over)

<u>M.</u>	<u>F.</u>	<u>T.</u>
17	15	32

Table VI - (iv) Class D. Children Age 5 and under 16.

	<u>M.</u>	<u>F.</u>	<u>T.</u>
Attending Special Schools.	2	1	3
Attending Other Schools.	-	3	3
	<u>2</u>	<u>4</u>	<u>6</u>

Visiting of the Blind, Home Teaching, Chiropody Service and Medical Treatment.

Over 2,000 visits were made to blind persons by the Blind Welfare Department and approximately 150 lessons in Moon and Braille were given. The weekly chiropody sessions were continued; the main difficulty being in providing, regularly, treatment for all those requiring it. Difficulty was also experienced in finding time to accompany blind persons to the out-patient departments in hospital. This usually meant a whole morning or afternoon being spent with the person concerned. Alternative arrangements, it is felt, will have to be arranged in 1956.

Workshops for the Blind.

Discussions continued concerning the establishment of a new workshop for the Blind. A site at Clase Road in Morriston was provisionally decided upon as suitable. Mr. James, the Lay Administrative Officer, visited the Bristol Workshops and the various problems of providing workshops for the Blind were discussed with Mr. Gerliff, the General Superintendent of the Blind. The whole visit proved most worthwhile and informative.

Holiday Grants.

During the year 8 grants were made to Blind Persons to enable them to spend either a week or a fortnight at a Home of Rest for the Blind. Without these grants they would have been unable to have a holiday.

Social Centres for the Blind.

During the year the fortnightly meetings of the centre were continued. In the Autumn, craft classes were begun at the centre and proved most satisfactory. As a result, quite a number of blind people have become so interested in basketry and jewellery making that they have continued it at home. The classes are, as a rule, run alternately with the social afternoons so that all groups can be catered for.

In December a Christmas party was held at the centre and proved a great success.

Wales and Monmouthshire Regional Council for the Blind.

It was decided to remain in the Regional Council despite the increase in our contribution to £105. 14. 0d. A refresher course for Home Teachers was held by the Regional Council in Cardiff on the 1st and 2nd of December. Miss Jones, the Blind Welfare Officer, attended and reported that it proved most instructive and worthwhile.

Royal National Library for the Blind.

The subscription per blind reader increased from £2. 0. 6d. per annum to £2. 10. 0d. The increase was agreed to and accordingly paid.

Deaf and Dumb.

The following report was submitted to the Health Committee during the year and the scheme for the welfare of the deaf and dumb is also shown.

NATIONAL ASSISTANCE ACT, 1948.

SECTIONS 29 and 30.

WELFARE SERVICES FOR PERSONS WHO ARE DEAF OR DUMB.

Arrangements for promoting the Welfare of Handicapped Persons to whom Section 29 of the National Assistance Act, 1948, applies can only be carried into effect in accordance with schemes approved by the Minister. The provisions of Section 29 are permissive except to such extent as they are made mandatory by a direction of the Minister given under sub-section (2) and such a direction was given by the Minister in paragraph 56 of Circular 87/48 in relation to Blind Persons who are ordinarily resident within a local authority's area. The Minister has now stated in Circular 32/51 that there is no intention at present of giving any similar direction as regards other classes of handicapped persons but invites Local Authorities to consider the formulation of schemes on lines indicated by the circular for:-

- (a) Persons who are Deaf or Dumb:
- (b) Handicapped Persons other than Blind, Partially Sighted and Deaf or Dumb.

The Circular further states that the Department is convinced that much benefit would accrue to handicapped persons of the classes stated above if the voluntary efforts which abound for their welfare were properly co-ordinated and directed in close co-operation with Local Authorities Health and Welfare Departments and hopes that authorities will share these views and submit schemes accordingly.

Separate schemes are to be submitted for the classes (a) and (b) above and as a first step it is proposed to report on the need for Welfare Services for Deaf or Dumb.

As pointed out in the Circular, the Act does not define the term "deaf or dumb" but the persons to whom the scheme applies can be conveniently divided into two groups:-

(a) The Deaf - often referred to as the "Deaf and Dumb". This class includes persons who were born deaf and also persons who lost their hearing so early in life that they have little or no recollection of sound and have to be educated in the same way as those who were born deaf. Few succeed in acquiring the use of normal speech. The great majority use only a manual sign language or a combination of signs and restricted speech, in which the power of self expression is limited and in any case varies considerably with the individual. Many are unable to read fluently and can do no more than gather the general substance of simple printed matter;

(b) The Hard of Hearing - are those who have lost their hearing wholly or in part after acquiring ordinary speech and after being educated as hearing persons.

The Minister hopes that in the interest of uniformity, local authorities will wherever appropriate, adopt this nomenclature.

The differences between the deaf and hard of hearing are so wide that each class will need separate, even though in some respects, similar welfare services. The provision of suitable welfare services for these two classes present many difficulties and Local Authorities are therefore advised to seek the co-operation of voluntary bodies having special experience in this field of work and, if necessary, employ such bodies as their agents in carrying out these functions under the scheme.

The services to be provided under such a scheme should include the following :-

- (1) The provision of different services having regard to the needs of different descriptions of handicapped persons either by the Council or by the employment of a voluntary organisation as Agent.
- (2) The keeping of a Register in two parts known as the Register of Handicapped Persons (Deaf) and the Register of Handicapped Persons (Hard of Hearing). This will show in respect of each case :-

- (i) Age at which deafness occurred;
- (ii) Degree of deafness (a) total; (b) severe; (c) slight;
- (iii) Cause of deafness (a) born deaf; (b) acquired.
- (iv) Degree of speech (a) normal; (b) indistinct, but intelligible; (c) unintelligible.
- (v) In the case of a child under 16 whether he/she:
 - (a) attends Special School.
 - (b) attends other school.
 - (c) is not at school but is educable.
 - (d) is ineducable.
- (vi) In the case of persons over 16 whether he/she is:-
 - (a) employed.
 - (b) undergoing vocational training.
 - (c) Unemployed but available for and capable of training or work.
 - (d) Incapable of or not available for work.

Cross references will be made in this Register with Registers of other Handicapped Persons, i.e. Blind and General Classes in respect of persons with more than one disability.

(3) Social Welfare.

- (a) Assistance to handicapped persons to overcome the effects of their disabilities.
- (b) Giving advice and guidance to handicapped persons in personal problems.
- (c) Encouragement of handicapped persons to take part in social centres.

- (4) In addition the Council may provide practical assistance for handicapped persons in their homes, recreational facilities in Social Centres, arrange for special religious services suited to the needs of handicapped persons and provide facilities and/or assistance to handicapped persons in travelling to and from their homes to these facilities.

(5) Social Centres and Holiday Homes.

The Council may also provide Social Centres and Holiday Homes or assist the handicapped person to take holidays either at such a Home or elsewhere.

(6) Training Facilities and Employment.

Assisting suitable handicapped persons to take advantage of training under the Education Act, 1944, or The Disabled Persons (Employment) Act, 1944. Also to take such steps as may be practicable in consultation with the Ministry of Labour and National Service to assist any handicapped person to secure any work or trade, commerce or a profession for which he appears fitted and which he is desirous of obtaining.

In this respect it may be as well to point out that the handicap of deafness does not of itself give rise to the need of providing a sheltered employment but there is always the danger that in the absence of a skilled interpreter to assist him a deaf person may drift into employment far below his capacity and may fail to take advantage of instructional facilities in his employment.

(7) Children.

In dealing with children who become reported as handicapped persons full use should be made of other provisions under which the child can be assisted, i.e. Education Service, School Health and Local Health Services.

The Council decided some time ago that when it was decided to formulate a scheme for the Welfare of the Deaf and Hard of Hearing, they would ask the Swansea and Central Wales Mission to the Adult Deaf and Dumb to act as our Agents, and with this end in view, discussions have taken place with the Secretary/Superintendent of the Mission to discover what services are already being provided by the Mission, and to what extent they could extend their work to cover any further services envisaged by our Scheme.

The Mission is at the moment providing a service which covers most of the services envisaged in the draft scheme suggested by the Minister, providing as it does :-

- (1) The official interpreter for the area;
- (2) Special Church and Spiritual care for the Deaf and Dumb;
- (3) Social life and recreation at its Centre in St. James' Gardens.
- (4) Library and other facilities for the Deaf and Dumb;
- (5) Social welfare and assistance in ways too numerous to enumerate in the every day problems which confront the Deaf and Dumb;
- (6) A record of all the Deaf and Dumb in the area.

There are at the moment 104 Deaf and Dumb in the area of this authority but the work of the Mission covers most of Central West Wales as far north as Radnor.

The only staff employed at the moment are the Secretary/Superintendent and his wife who acts as Lady Worker, and reading the annual report of the Mission for 1953, I note that Mr. and Mrs. Robinson travelled over 10,000 miles during the year and made over 900 special visits in addition to the routine work of running the Social Clubs and the work of administration, and it is felt that the work is being hampered, through lack of staff and finance (A qualified assistant for instance would have to be paid a salary of approximately £500 per annum).

It cannot be emphasised too strongly that the work of caring for the Deaf is essentially the work for experienced and skilled workers. Ordinary Social Workers, however well meaning, are practically useless on account of the communication difficulty and every aspect of the work of a welfare service for the deaf turns more or less upon the question of interpretation.

Constant watch, moreover, must be kept for exploitation or misunderstanding of the deaf. They have to be represented on Wages Boards, Police Courts, Labour Exchanges, Marriages, Christenings, interviews for appointment etc. They have to be accompanied to Doctors and Dentists when attending for treatment and it can be appreciated that an interpreter attending for instance when a Deaf and Dumb person is tested for glasses by an optician must be a skilled and efficient officer of the first order.

The maintenance in employment of deaf persons is also the first charge of the welfare officer. The happiness of the Deaf and Dumb throughout this country depends on their being in regular and suitable employment and the importance of the question of placement cannot be emphasised too much.

Given work for which hearing is not essential and the understanding and co-operation of their fellows, they are as a rule capable of working in co-operation with the hearing to their own and their employers' satisfaction and in some types of employment are able to work better than their hearing fellows. There is no foundation at all for the idea held by some people that the Deaf are dull witted or incapable of doing a good day's work. Jobs inviting immediate perception of sound (i.e. telephone operators) are obviously unsuitable for deaf persons, but there is a wide field of potential employment including professional and semi-professional posts as well as skilled and unskilled employment in industry and it is essential to see that they are placed in employment suitable to their condition and, if necessary, assistance given by the welfare officers in his training in such posts.

In fact, when a Deaf or Dumb person is placed in industry in Swansea, quite a proportion of the Superintendent's time is spent at the place of employment helping to train the worker.

Another extremely important service is the provision of a Centre and Social Activities for the Deaf. Many of the normal social contacts and activities are denied the Deaf. For instance, lectures, plays, dancing and cinema, concerts, radio discussion groups etc. designed for a hearing audience, pass over the deaf but can be enjoyed within limits if special premises are available where they can gather together, talk their own language, play games, etc. and have talks and discussions pointed by signs and gestures. These lighter social activities are most essential to the greater happiness of the deaf in preventing introspection and bitterness which might well arise from their disability.

It is most evident that this Service can best be provided by employing as agents the Swansea and Central Wales Mission to the Adult Deaf and Dumb which is at the moment providing a nucleus of an efficient Welfare Service for the Deaf.

I therefore recommend that :-

- (1) The attached Scheme on the lines of the outlined scheme suggested by Circular 32/51 be submitted to the Minister for approval;
- (2) That discussions take place between this Committee and the Board of Management of the Swansea and Central Wales Mission to the Adult Deaf and Dumb regarding :-
 - (a) the employment of the Mission as agents under the scheme:
 - (b) the question of extending the activities of the Mission to cover services for the Hard of Hearing:
 - (c) the question of grant (per capita or otherwise) in respect of services provided:
 - (d) the question of safeguards to prevent neighbouring authorities benefitting from services financed by this authority:
 - (e) representation of this Committee on the Board of Management of the Mission.

COUNTY BOROUGH COUNCIL OF SWANSEA.

National Assistance Act, 1948.

Scheme for the provision of welfare services under sections
29 and 30 for persons who are deaf or dumb.

The Swansea County Borough Council, in exercise of their powers under sections 28 and 30 of the National Assistance Act, 1948, hereby make the following scheme under section 29 of the Act and submit the scheme to the Minister of Health for approval under section 34 thereof :-

Citation and Interpretation.

1. (1) This scheme may be cited as the National Assistance (Deaf and Dumb Persons) Scheme, 1955.
- (2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.
- (3) In this scheme, the following expressions have the meaning hereby assigned to them -

"handicapped person" means a deaf or dumb person who is in need of assistance under this scheme;

"the Act" means the National Assistance Act, 1948;

"the Council" means the Swansea County Borough Council;

"the Minister" means the Minister of Health; and

"voluntary organisation" means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole and principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of persons who are deaf or dumb.

PART I.

General.

2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.
- (2) In the exercise of their functions under this scheme the Council shall have regard to the need for providing services of different descriptions suited to the different descriptions of handicapped persons.
- (3) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly or by the employment as their agent of any voluntary organisation.
- (4) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.
- (5) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

Register.

3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.
- (2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons, the Council shall ensure that all cases shall be decided by the Medical Officer of Health.

Social Welfare.

4. The Council, so far as reasonably necessary to meet the needs of handicapped persons, shall :-

- (1) assist handicapped persons to overcome the effects of their disabilities and to obtain any available general, preventive or remedial medical treatment which they appear to require;
- (2) give advice and guidance to handicapped persons on personal problems and in connection with any services, whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;
- (3) Encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise; and

- (4) use their best endeavours to arrange for suitably trained voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, and otherwise to assist in the carrying out of the purposes of this scheme.

In addition, the Council may -

- (1) provide practical assistance for handicapped persons in their homes:
- (2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as afore said and elsewhere, and also outings;
- (4) provide, or arrange for the provision of, special religious services for handicapped persons desirous of taking advantage of the same;
- (5) in cases of need provide facilities for, and assistance to handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise, and if the Council so determine so defray any expenses incurred in or in connection with the taking of such holidays.

Social Centres and Holiday Homes.

6. (1) The Council may provide social centres and holiday homes for the purposes of this scheme.
- (2) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.
- (3) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.
- (4) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

Welfare Officers.

7. (1) For the discharge of the Council's functions under this scheme there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine:

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when -

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-Sighted (taken together): or
- (b) the number of persons so employed is less than one-hundred- and twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under Section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said scheme.

- (2) The duties of Welfare Officers shall be such as the Council may determine for the purposes of securing the general welfare of handicapped persons, but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine :-
- (a) to ascertain the existence of and the needs of handicapped persons;
 - (b) to visit handicapped persons in their homes, or elsewhere if necessary.
 - (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;
 - (d) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage;
 - (e) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of these disabilities; and
 - (f) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.
- (3) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work, possess a broad knowledge of the social services and some experience in the field of welfare, and have an understanding of the problems of deafness and the principles of deaf education.
- (4) The Council shall by arrangement with any voluntary organisation or otherwise endeavour to secure that handicapped persons who do not use speech as a normal method of communication are dealt with by persons who are conversant with manual language and other methods of communication alternative to normal speech.

Training Facilities.

8. If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.

Employment.

9. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

Children.

10. If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

Persons not ordinarily resident in the area of the Council.

11. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

PART II.

FURTHER DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS.

12. The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any registered voluntary organisations or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that -

- (1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;
- (2) the number of Welfare Officers employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme; and
- (3) no Welfare Officer (other than a trainee) shall be employed in relation to a handicapped person who does not use speech as a normal method of communication unless that Officer is fluent in manual language and other methods of communication as an alternative to normal speech.

HOSPITALS AND NURSING HOMES.

Hospitals.

The following table relates to a number of National Health Service Hospitals in the area of the Glantawe Hospital Management Committee and has been kindly supplied by the Group Secretary. The table is for the calendar year 1955.

	Swansea Hospital including Annexes	Morriston Hospital	Hill House Hospital	Stouthall Hospital	Fairwood Maternity Hospital	Mount Pleasant Hospital
BEDS.						
Complement on 31.12.55.	403	501	130	30	16	238
Average number available daily throughout the year.	392.66	445.36	101.36	25.52	16.02	238.52
IN-PATIENTS.						
Number in hospital on 31.12.54.	294	322	53	14	10	204
Number admitted during the year	7,280	6,565	1,296	326	390	1,816
Number treated to a conclusion	7,274	6,524	1,287	325	390	1,810
Number remaining in hospital on 31.12.55.	300	373	62	15	10	210
Average number resident daily throughout the year	337.69	385.42	63.78	16.11	11.31	220.81
Number of births during the year:-						
LIVE	-	683	-	-	308	844
STILL	-	31	-	-	3	47
Number of patients awaiting admission to hospital on 31.12.55.	2,449	748	-	-	-	60
OUT-PATIENTS.						
Number of new Out-patients during the year	16,313	6,427	-	-	-	1,030
Number of Out-patient attendances during the year	54,414	31,947	-	-	-	4,732

Nursing Homes.

The number of Homes registered under the Public Health Act 1936 is four, the same as last year, with a total of 43 beds. Of these 13 are maternity beds.

WATER.

Public Water Supply.

According to the Rate Books, the number of houses inhabited in 1955 was 42,971. It is estimated that 42,946 of these are connected to the mains supply, i.e. 99.9%.

Medical Examination of Employees.

All employees of the Water Undertaking whose duties bring them into any area near a water conduit have complete medical and bacteriological examinations.

GENERAL REPORT ON THE UNDERTAKING FOR 1955.

The year was one of the most important in the 109 year history of the Undertaking.

Climatically, the Summer and early Autumn were amongst the driest on record so that water reserves reached a dangerously low level before the Usk Reservoir supply was brought into service in October. The outstanding event of an outstanding year was in August when Her Majesty Queen Elizabeth II was graciously pleased to inaugurate the new reservoir during her Welsh tour.

Rainfall.

Rainfall from January to March was below average, though temperatures were not severe and no great difficulties occurred due to heavy frost. April, May and June were wet months followed by a very dry period from July to November when rainfall was only 67.2% of average.

Fortunately, the heavy rain of early Summer enabled the Department to commence this period with the Cray and Lliw reservoirs full.

Average rainfall for the year was 15.6% low at Usk and 11.0% low at Cray but 6% high at Lliw.

Consumption.

Consumption followed well established trends of earlier years. The early Summer rainfall enabled the Department to meet all demands without restriction during the long dry Summer and Autumn, though there was some alarm in September when the Usk main could not be taken over for use as early as had been hoped.

Consumption again reached new record levels being 4,397,930,000 gallons for the year an increase of 197,200,000 gallons. Of this amount, 66.4% was drawn from Cray; 20.7% from Lliw; 9.0% from the new Usk Reservoir; 4.3% from the Dan-yŷ-ogof emergency supply. It should be noted that the water from the Usk was taken during a twelve week period only when it represented approximately 45% of the total supply.

Of the water consumed, 1,069,525,000 gallons or 24.2% was supplied to bulk consumers. This was an increase of 66,461,000 gallons or 6.4% over the quantities for 1954; the Llwchwr U.D.C. taking 46.5%; Pontardawe R.D.C. 48.3%, and Gower R.D.C. 5.2% of the total.

Details of Consumption in the Borough are shown in the following table:-

<u>Class of Consumer.</u>	<u>Total Consumption gallons.</u>	<u>Average Consumption per day gallons.</u>	<u>Percentage of Total Consumption.</u>
TRADE.	1,230,559,000	3,372,000	36.97
SHIPPING.	59,358,000	162,000	1.78
SEWERS.	18,250,000	50,000	0.55
UNMETERED AND WASTE.	2,020,228,000	5,536,000	60.70
<u>TOTAL.</u>	<u>3,328,395,000</u>	<u>9,120,000</u>	<u>100.00</u>

Trade Consumption continued to expand maintaining the trend which has prevailed since 1947. Shipping sales increased markedly over 1954, but this was due to a revival of world trade and is not due to causes predominantly local.

Domestic Consumption again increased. This is probably due to increased availability of water, users of hose pipes for garden watering during the long dry period and to some increase in waste. The retirement and resignation of two Waste Inspectors during the year created vacancies which could not be filled immediately. Sickness affected other Inspectors at various times and lead to reduced efficiency in waste detection and prevention. These conditions persisted far into 1956. However, at an average of 34.22 gallons per head per day, the unmetered and waste consumption within the Borough can be considered as not unsatisfactory.

Little progress was made during the year with the installation of pressure reducing valves for areas where water pressures are excessive due to lack of materials and the diversion of the major efforts of the labour force to various works to bring Usk water into supply. In fact, the position deteriorated somewhat by bringing Cockett reservoir into use. Water pressures were increased in the Sketty, Tycoch and Killay areas resulting in a large addition to waste in these areas.

Treatment.

The treatment of water at the Cray and Lliw impounding reservoirs continued as heretofor, chlorination being used in both cases. The dosage of chlorine varied according to demand from 0.70 p.p.m. to 0.90 p.p.m. at Cray, but remained substantially constant at 0.75 p.p.m. at Lliw. In both cases the ammonia dose was maintained at one-quarter of that for Chlorine.

The water from the Usk receives full treatment at the Bryngwyn filtration plant. Aluminium Sulphate (Alumina) is added as a coagulant and the water is allowed a minimum of thirty minutes for a reaction to take place before passing on to the filters.

After filtration, the water is chlorinated, and also hardened slightly by the addition of lime before passing on to Swansea.

The doses of the various chemicals used during 1955 were:-
20 - 25 p.p.m. Alumina; 1 p.p.m. Chlorine; 12 - 14 p.p.m. Lime. Provision is made to allow Sodium Carbonate to be added to the raw water to raise the pH value and/or Fuller's earth, to provide a nucleus for coagulation should circumstances warrant it.

The pH of the incoming water was about 7.1 - 7.3 (slightly alkaline), and was raised to an average of 7.8 on leaving the plant. This inhibits corrosion of iron mains and avoids any take-up of lead from service pipes. The water is generally somewhat harder than that derived from Cray and Lliw and has caused a large number of complaints, as a light scum forms when soap is used. This is unavoidable being due to the natural hardness of the water. At a hardness of not more than 85 p.p.m. it is still classified as a "soft" water.

Details of New Works.

Once again the major capital works undertaken were connected with the Usk Reservoir Scheme.

The works required to complete the reservoir were the concrete paving on the water face, the wave wall, and the road over the dam were completed in June. The downstream face of the dam was trimmed to slope and seeded; all fences and road works completed. Impounding of water continued and reached a level of 76 feet - 20 feet below overflow level by August. The highest level recorded in 1955 was 81' - 1" on December the 31st.

As already indicated, Her Majesty Queen Elizabeth II, accompanied by the Duke of Edinburgh, visited the reservoir on the 6th August. About 3,000 people from Swansea and the Breconshire area gathered at the south end of the Dam, where Her Majesty, in the presence of the Mayor, Council and invited guests representing all facets of civil, cultural and commercial life of the Borough, unveiled a plaque to commemorate the occasion. Later Her Majesty visited the Valve Tower where she inaugurated the reservoir by opening an outlet valve allowing water to pass into the discharge tunnel to Swansea.

The Contractors for the pipeline had during July completed laying the main to Swansea, except for several small gaps where special pipes were awaited. Testing of the pipeline, revealed several defects which were later located and rectified.

On the 6th September, the Contractors were informed that the pipeline must be handed over by the 1st October, as reserves in the older storage reservoirs were falling rapidly.

Pipeline 1 from the Reservoir to Bryngwyn Filter Station had already been completed and water was available for testing at the Filter Station,

Pipeline 2 (Bryngwyn to Graig Fawr) was completed and handed over on the 28th September, but it was found to contain a great deal of silt and other debris. Scouring of the main continued until the 3rd October, when Pipelines 3 and 4 (Graig Fawr - Cockett) were handed over to the Department.

The Contractor was unable to provide the labour for scouring these mains which again were very dirty, and the Departmental staff had to undertake the work, which proceeded for some twenty hours daily up to the 7th October.

Meanwhile, work had been completed on the Filter Plant and on the 8th October the Council and many guests, again representing the many and varied interests of the Borough, were present at the Filter Station when His Worship the Mayor, Councillor Percy Morris, M.P., J.P., opened the Station and accompanied by his guests inspected the works.

During the whole of the year, the majority of the Departmental labour force were employed in laying the inlet and outlet mains to Cockett Reservoirs (20 ins. diameter), to connect to the new Usk Mains; laying the bye-pass main (15" dia.) and the new outlet main (21" dia.) at Clase reservoir; and at the end of the Summer a 12" main in Morryston Park to enable Usk water to be fed to Morryston Reservoir as soon as it became available - a very necessary feature due to the rapid depletion of the reserves at Cray.

On the 10th October, there remained but ten days supply at Cray and the water then being distributed for general use was very turbid and discoloured though fortunately, still of good bacteriological quality after chlorination.

Samples of water from Cockett Reservoir and the Bryngwyn Filtration Plant were tested and having been found bacteriologically and chemically satisfactory, Usk water was passed into supply for the first time at 1.0 p.m. on Thursday the 13th October via the connection at Hendrefoilan Lodge, Gower Road.

This enabled the supply area of Townhill reservoirs to be drastically curtailed; the whole of the area south and west of Cockett Reservoir, Vivian Road and Sketty Lane including the bulk supplies to Gower and Llwchwr Councils were supplied with Usk water,

The reduction in consumption from Townhill was about 1,250,000 gallons per day and enabled the Department to close the Carmarthen Road Pumping Station - first erected in 1919 - and to reduce the consumption from Cray Reservoir so that the Dan-yr-Ogorf emergency supply could be introduced - further reducing the demand on Cray Storage by some 2,000,000 gallons per day.

The state of the Cray Reservoir rendered it essential to utilize more Usk water but this could not be done until pipeline 6 (Penllergaer - Clase) was completed. The final parts required for this main could not have been supplied by the manufacturers until late November, but with the invaluable help of a local firm - The Unit Superheater and Pipe Co. Ltd., - substitute parts were manufactured and the pipeline was ready for scouring and chlorinating on Saturday, the 15th October, and for use on Tuesday, the 18th October.

Usk water was delivered into Clase Reservoir on this date and passed into supply at 8.0 p.m. The water consumed in the Clase supply area amounted to some 950,000 gallons per day and so a further reduction in the demand of Cray water was achieved and the Morryston Pumping Station constructed 1945-1947 passed out of use.

The water supplied from Cray was so dirty that it was essential to clean out the Clase Reservoir immediately.

The whole of this work had placed a heavy burden on all technical and supervisory staff and workmen and involved extended overtime working. The change-over in methods of supply was carried out smoothly, although in some haste, and so far as is known, without inconvenience to any consumer.

The Department's difficulties were not yet over, for lack of staff at the Filter Station prevented the plant running more than 12 hours per day, and output was restricted to about 2,250,000 gallons per day.

To overcome this bottleneck the Department's technical staff volunteered to operate the plant over night whilst the Resident Engineers and available staff carried on during the day. This system was first carried out on the 20th October and continued for ten weeks, until the 6th January 1956. The output from Bryngwyn was immediately increased to six million gallons per day and water supplied direct from Usk to Morriston Reservoir.

This enabled the flow from Cray to the 24" trunk main to be shut-off and the demand on Cray reduced to about one million gallons daily. Shortly after, heavy rains rapidly filled the reservoir and improved the quality of the water, allowing the Dan-yr-Ogof emergency source to be taken out of service on the 4th November.

Immediately Usk water became available, the Morriston and Cwmdonkin Service Reservoirs were cleaned and chlorinated. Very heavy deposits ranging from coarse sand to fine sludge were removed from Morriston, whilst a thick layer of fine sludge was disposed of at Cwmdonkin.

At the end of the year, the distribution arrangements in Swansea had to be drastically altered from those which had grown up and been in use for some fifty years. The resources of the Undertaking had been more than doubled, from 7.75 million gallons per day to 15.75 million gallons per day. A great deal of reorganisation remained to be completed in 1956 and the expected demands for new industrial supplies suggest that consumption will again exceed supply within five to seven years.

Planning for new sources and a tightening of the waste prevention measures was in hand when 1955 ended.

Other works which had been completed during 1955, were the survey of the older impounding reservoirs under the Reservoirs (Safety Provision) Act 1934. The Inspecting Engineer ordered the water level of the Upper Lliw reservoir to be lowered by 8 inches reducing the storage capacity by about 7 million gallons, and the construction of a new overflow at the Lower Lliw reservoir which enabled the effective storage capacity to be increased by 1.4 million gallons. Both these works were completed during the year.

Cray reservoir was also inspected but no new works were required.

Work continued on the Clase Reservoir extension. By December, the northern tank had been completed ready for testing and work on the southern tank was well advanced. When this work is completed, the Clase Reservoir will have a total capacity of 5,000,000 gallons.

Due to the concentration of labour on major works connected with the Usk Scheme, including the preparations for both opening ceremonies already described, the lengths of new mains laid by direct labour fell sharply, only three miles 1683 yards being laid during the twelve months. However, the preparations made during 1954 enabled all supplies required for new houses to be provided without delay. At the end of the year the total length of main in use was 359 miles 166 yards ranging from 3" to 36" diameter.

DETAILS OF RESERVOIRS - 1955.

IMPOUNDING RESERVOIRS.

	<u>Catchment Area. Acres. To Compensation Gauge.</u>	<u>Topwater Level Ft. A.O.D. (Liverpool)</u>	<u>Long Period Average Rainfall Ins. January.</u>	<u>Rain- fall 1955 Ins.</u>	<u>Capacity Reservoir in Million Gallons.</u>
<u>CRAY.</u>					
No.2 Gauge	2,680	1,001.00	84.85	76.49	1,007.
<u>UPPER LLIW.</u>	1,014	614.52	63.13	60.74	291
<u>LOWER LLIW.</u>	727	388.77	54.65	57.72	103
<u>USK</u>					
No.5 Gauge	4,200	1,005.00	71.35	54.91	2,699
<hr/>					
TOTAL:+	8,621				4,100

SERVICE RESERVOIRS.

<u>Reservoir.</u>	<u>Capacity (Gallons)</u>	<u>Top Water Level Ft. A.O.D. (Newlyn).</u>
CLASE	2,500,000	545.5
CLASE TOWER	150,000	600.6
CLYNE	750,000	417.0
COCKETT	2,500,000	581.0
CWMDONKIN	1,500,000	240.0
MORRISTON	4,500,000	341.0
NEWTON	500,000	292.0
PENLAN	250,000	552.5
PENLAN TOWER	150,000	601.5
TIR JOHN	750,000	332.5
TOWNHILL	3,000,000	579.0
TOWNHILL TOWER	78,000	623.0
ST.THOMAS	536,000	199.5

Bacteriological Samples of Water.

During the year, 227 samples of water were taken, and the following table indicates in the various categories that 211 were satisfactory and that 16 samples were unsatisfactory or below standard.

	<u>No.taken</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
(a) Public Supplies	216	204	12
(b) Springs	5	4	1
(c) Shallow wells	6	3	3
	<hr/>	<hr/>	<hr/>
	227	211	16

Of the 216 samples taken from the Public Supplies, the following is a list of individual source of supply.

Cray Direct - unchlorinated	8
Cray Direct - chlorinated.	23
Cray and Danyrogof mixed	5
Danyrogof before chlorination	2
Danyrogof after chlorination	7
Townhill	21
Newton	16
Lliw Reservoir	11
Morrison mixed	17
Cwmndonkin	10
Penlan	17
Clyne	17
St. Thomas	7
Tir John	8
Clase	17
Cockett	14
Bryngwyn - chlorinated	8
- unchlorinated	8
	<hr/> 216 <hr/>

The unsatisfactory samples obtained from the Public Supplies were four samples that were taken before chlorination of the water, and eight samples that contained particles of suspended matter. The latter was found to be caused by disturbance of the water; the level of which was very low due to the extended drought that was experienced during the summer months.

In the case of unsatisfactory samples from shallow wells or springs, advice was given to consumers on the best methods of rendering the water safe for drinking purposes.

Supplies from the new "Usk" Reservoir came into operation on the 13th October, 1955, and repeated samples were taken at various check points, viz:- Cockett Reservoir, Graig Fawr break pressure tank, Bryngwyn filter plant and the Usk Reservoir. The results were generally found to be good and there was close co-operation with the Water Department.

Regular samples have since been taken at various points in the town and at the Bryngwyn filter plant showing satisfactory results.

Chemical Analysis of Water.

During the year 57 samples of water were taken from the Public Supplies and three were taken from Springs.

The increased number taken during this period was due to the new Usk supply coming into operation, when every precaution had to be taken to check on the new apparatus. There were also extra samples taken at Cray owing to the low level of the reservoir before the above came into operation.

Residual Chlorine Test.

These tests were regularly carried out in conjunction with Bacteriological tests and in all cases were highly satisfactory.

SWIMMING BATHS.

Regular Bacteriological and chemical samples of water were taken from Bishop Gore, Swansea University and the Municipal Baths. The latter came into operation at the beginning of the Summer Season and similarly to most new ventures had some slight teething troubles owing to mechanical faults in the apparatus.

The Swimming Baths at Morrison Park was out of commission for extensive alterations.

10 Chemical samples taken
13 Bacteriological samples taken

Boating and Paddling Pool at Blackpill.

14 Bacteriological samples were taken

**EXTENSIONS OF SEWERS AND SURFACE WATER DRAINS
FOR THE YEAR ENDING 31st DECEMBER, 1955.**

95.

SANITARY INSPECTION.

INSPECTIONS.

Visits re. drainage	657
Water supply	55
Water courses	47
Sewers	156
Drains	469
Cesspools	16
Public Urinals	17

WORK DONE

Drains tested - Water	93
" " - Smoke	2
" " - Chemicals	151
New drains constructed	107
Drains relaid	4
Drains repaired	24
Drains cleansed	73
Inspecting or intercepting chambers provided or repaired	14
Soil pipes or ventilating shafts fixed or repaired	15
Rain water pipes disconnected	1
Gullies fixed	28
Troughs trapped or waste pipes repaired	4
Septic tanks provided	1

CESSPOOLS.

Constructed	2
Abolished and house connected to sewer	29
Emptied	1
Other repairs	1

WATER CLOSETS.

Additional water closet provided	19
Water closets re-constructed	3
New pans and traps fixed	30
Water closet cleansed	5
Flushing apparatus provided	21
Flushing apparatus repaired	8
Miscellaneous repairs	1

EARTH OR PAIL CLOSETS.

Abolished	9
Cleansed or repaired	1

House and Trade Refuse.

The arrangements for the collection and disposal of house and trade refuse during the year under review are similar to preceding years. All refuse is disposed of by controlled tipping.

The quantity of house and trade refuse collected during the year was 66,798 tons.

The quantity of Street Sweepings during the year was 610 tons.

The controlled tips are at Clyne Valley, Port Tennant, Mynydd Newydd and Morriston Marsh.

Pail Closets.

There are still 1,809 houses within the Borough without water flushed closets; these have pail closets, which are emptied weekly. The work is carried out at night time by a crew of four men with one mechanical vehicle, which has attachments especially designed for this class of work. The contents are discharged direct into the sewers.

Cesspools.

In addition to the houses with pail closets there are a number drained to cesspools. During the year 139 houses were dealt with, the frequency of emptying varying from one to fifty times, representing 881 single operations. Contents are discharged from the machine direct into the sewers.

Street Gullies.

Accumulation of grit and debris were removed from street gullies at intervals of between six and seven weeks. After emptying and cleaning, the gullies are re-sealed with clean water, the operation being carried out by mechanical vehicles designed for this service.

The number of street gully cleansing operations carried out during the year was 44,219.

TOWN PLANNING.

Development Plan.

The Development Plan for the County Borough was brought to completion, approved by the Council and submitted to the Minister of Housing and Local Government on 31st March, 1955. The Minister appointed an Inspector who held a public local enquiry for objections to the Plan on 6th, 7th and 8th December, 1955.

Housing Estates.

Layout plans for housing estates to include dwellings, schools, shops, churches and other uses were prepared for Llwynderw (93 dwellings), Ynysforan (230 dwellings) and West Cross (21 dwellings).

Development Control.

There were 892 applications for planning permission and 161 applications for consent under the advertisements regulations.

Planning Appeals.

During the year two planning appeals were dismissed by the Minister and one was allowed. One advertisement appeal was withdrawn and one was allowed.

RECONSTRUCTION.

In the central area streets, permanent footpaths were laid on the completion of a number of building projects fronting the new roads.

The work of demolition and clearance of building sites continued during the year.

Constructional works were maintained at a steady pace as hereunder :-

Commercial Buildings.

- 11 Buildings comprising 17 shops completed.
- 4 " " 13 " under construction.
- 1 Light Industrial Building completed.
- 1 Warehouse completed.
- 4 Warehouses under construction.
- 1 New Office Building under construction.

Public Buildings.

The new Fire Station at Grove Place and the new G.P.O. Repeater Station at the Strand were completed.

Work continued on the re-building of St. Mary's Parish Church.

Other projects in the preparatory stage are an Ambulance Depot and Clinic, New Retail Market.

Slum Clearance.

Plans were prepared for Slum Clearance in and adjacent to the Town Centre prior to official submission to the Council and Ministry of Housing and Local Government.

Third Stage Roadworks.

Detailed plans and Estimates submitted to Ministries for approval and for Grant and Loan Sanction.

Fairwood Aerodrome.

Swansea Corporation (Fairwood Common) Bill was presented to the Houses of Parliament and was expected to be approved in the early part of 1956

PUBLIC CONVENIENCES.

During the year under review the following conveniences were completed and opened to the public:

1. Ynystawe convenience.
2. Penygraig Road, Townhill.
3. Peniel Green, Llansamlet.
4. Blackpill convenience.
5. Llewelyn Park convenience.
6. Morriston Park convenience.

Work was well in hand with the following conveniences which would be completed early in the following year:

1. Glais convenience.
2. Clyne Gardens convenience.

In the cases of the two outstanding conveniences in this programme, those at (a) Caer Street and (b) Rotherslade, plans and estimates are being prepared by the Architect for the former while difficulties in acquiring land is being experienced by the Estate Agent for the last named convenience.

The Council have approved of the next programme of conveniences to be undertaken, which is as follows :-

Public Conveniences.

1. Town Centre. Kingsway or alternative site.
2. Limeslade.
3. York Street - Rutland Street.
4. Brynhyfryd Square (extension of existing).
5. Ravenhill Cross.
6. Southend Gardens.
7. Birchgrove.
8. Waunarlwydd.

Parks Conveniences.

1. Singleton Park at Swiss Cottage.
2. King George Playing Fields.
3. Halfway Recreation Ground.
4. Oystermouth Castle Grounds.
5. Waunarlwydd Park.

Work on preparation of plans for this programme was put in hand.

Repair works and small improvements to the existing conveniences was continued within the limits of money available during the period under review.

INDUSTRIAL DEVELOPMENT.

Trading Estate.

The factory for Messrs. Ayres Jones was completed during the year and an extension of 8,000 sq.ft. floor areas was put in hand.

The Estate Company have changed their former policy of erecting factories and letting the completed building. They are now prepared in addition to let the sites on a 99 year lease, the lessee erecting his own factory to suit his individual requirements.

One firm, Messrs. Walls Ltd., have taken a site on these latter terms and plans for the building of the factory have received byelaw approval.

MISCELLANEOUS.

Cwm Level Road Playing Fields.

During the year house refuse from the areas around have been tipped into the ravine at Cwm Level Road in order to commence the preparation for the laying out of the areas playing fields. This tipping will extend into next year before completion. This filling work will effect a considerable saving in the cost of the scheme.

Graig Brickworks, Morriston.

The Council decided to acquire part of the disused clay pits at the Graig Brickworks to supplement the controlled refuse tips in the northern part of the Borough.

H O U S I N G .

House Building.

House building progress shows an increase over the previous year. Building schemes for 7,008 houses had been approved by the end of the year 1955, of which number 5,693 had been completed and the balance was under construction or not commenced.

The table over-leaf gives a summary of the building progress in the post-war period to the end of the year 1955.

POSITION RELATING TO APPROVED SCHEMES.

(As at 28th December, 1955).

	H O U S E S												Under Const- ruction	Approved but not yet commenced.	Total of houses approved to 28th Decr. 1955
	Y E A R														
	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total				
Temporary Bungalows	510	377	104	-	-	-	-	-	-	-	991	-	-	991	
Traditional Type House	84	104	178	218	217	137	218	440	311	300	2207	270	372	2849	
Non-Traditional Type Houses	-	252	529	233	224	130	160	154	313	335	2330	501	172	3003	
War Damage Rebuilding	28	110	27	-	-	-	-	-	-	-	165	-	-	165	
TOTALS	622	843	838	451	441	267	378	594	624	636	5693	771	544	7008	

HOUSING (SANITARY INSPECTION).

Notices.

Type	Served	Complied
Intimation	1296	930
Statutory	156	167
Total	1452	1097

Inspections.

No. of houses inspected and recorded	5755
No. of re-inspections of recorded houses	5397
Premises other than houses inspected for nuisances	134
Owners or contractors interviewed	1439
Renewal of lease	3
Applications for Corporation Houses	120
Visits re. Rest Centres	50
Housing Survey (Section 11)	195
Improvement Grants (Housing & Repairs Act)	467

Nuisances Abated.

Walls repaired	17
Outside plastering repaired	41
Inside " "	23
Floors renewed or repaired	26
Floors ventilated	3
Roofs renewed or repaired	128
Chutes, downpipes or gutters renewed or repaired	102
Chimneys repaired	24
Doors and frames repaired	8
Window sashes or frames renewed or repaired	44
Window cords renewed	15
Staircases repaired	1
Grates or ovens repaired or renewed	12
Outbuildings repaired	2
Obstructive buildings demolished	1
Walls or ceilings cleansed and redecorated	1
Yard paving repaired or relaid	16
Accumulations removed	4
Water taps or pipes repaired	7
Miscellaneous repairs and nuisances	2

CLEARANCE AREAS AND INDIVIDUAL UNFIT HOUSES RETURN
FOR THE YEAR ENDED 31st DECEMBER, 1955.

PART A-CLEARANCE AREAS (Housing Act,1936).

	<u>Number of dwelling houses demolished in the period.</u>		<u>Number of persons displaced</u>
	<u>Unfit houses</u>	<u>Other houses.</u>	
(1) Land coloured "pink"	-----	-----	
(2) Land coloured "grey"	-----	-----	

PART B-HOUSES NOT INCLUDED IN CLEARANCE AREAS.

	<u>Houses</u>	<u>Number of Persons Displaced.</u>
Houses demolished or closed in the period.		
(1) Housing Act,1936.		
(a)Demolished as a result of formal or informal procedure(Section 11)	1	2
(b)Closed in pursuance of an undertaking given by owners under Section 11 and still in force.	Nil	Nil
(c)Part of buildings closed (Section 12)	1	2
(2) Housing Act, 1949.		
Closed as a result of closing orders under Section 3(1) and 3(2)	Nil	Nil
(3) Local Government (Misc.Provisions) Act, 1953.		
Closed as a result of closing orders under Sections 10(1) and 11(2)	2	7

	<u>Number of houses.</u>
REPAIRS in the period	
(4) Unfit houses rendered fit and houses in which defects were remedied during the period as a result of informal action by local authority under the Housing or Public Health Act.	930
(5) Public Health Acts - action after service of formal notice. Houses in which defects were remedied:	
(A) By owners	167
(B) By L.A. in default of owners	Nil
(6) Housing Act, 1936 - action after service of formal notice (Sections 9,10,11 & 16) Houses made fit:	
(A) By owners	Nil
(B) By L.A. in default of owners	Nil
(7) Housing Repairs and Rents Act, 1954. Houses reconstructed enlarged or improved and Demolition Orders revoked (Section 5)	Nil

Rehousing.

The following information has been kindly supplied by the Housing Manager -

"Good progress has been made during the year with the building of 3 bedroomed houses so we have been able to help a large number of families with 3 or 4 children who had been living in over-crowded conditions. There are, however, still many seriously over-crowded houses in the Borough.

Priority allocations on medical ground have been made as follows :-

T.B. patient in the family	-	40
Severe orthopaedic condition of member of the family	-	4
Other medical priority including severe heart condition, epilepsy etc.	-	<u>22</u>
		<u>66</u>

17 allocations of housing accommodation have been made to families living in individually unfit houses so that the properties could be closed".

FOOD AND DRUGS 1938.

Milk and Dairies Regulations 1949.

Milk (Special Designation) (Pasteurised & Sterilised Milk) Regs.1949.

Milk (Special Designation) (Raw Milk) Regulations, 1949.

The following tables show a comparison in relation to Registered Distributors and Dairies and Licenced dealers under the above Regulations for the years 1951, 1952, 1953, 1954 and 1955.

	1951	1952	1953	1954	1955
1. No. of Dairymen	64	63	62	62	60
2. No. of Farmers	61	43	46	42	15
3. No. of Shopkeepers	92	110	112	112	107
	217	216	220	216	182

During the year the Borough was included by Order of the Minister of Agriculture and Fisheries as a "Specified Area". This meant in effect that only sterilised, pasteurised and tuberculin tested milk may be sold in this area and as such may only be retailed in properly capped bottles or sealed churns.

The sale of undesignated milk or loose milk is now prohibited. Likewise, all dairymen are now licenced dealers for the retail sale of milk.

These conditions were responsible for many of the farmer retailers giving up that side of the business and it is anticipated that the number will still be further reduced in the future.

All dealers are licenced annually for each designated milk which is retailed, and supplementary licences are issued to persons from outside the Borough who retail milk in this area.

Registered Dairies.

There are 60 registered dairies in the Borough and 107 milk shops. These are lower than in past years and again it is anticipated that there will be a gradual reduction in the future. Farm-dairies are still controlled by the Ministry of Agriculture and Fisheries.

Visits.

1. No. of visits made to dairies and milk shops and interviews with dairymen.
2. No. of informal notices and verbal intimation given.
3. No. complied with
4. No. in course of complying

1952	1953	1954	1955
797	841	738	699
29	33	21	33
20	27	29	32
2	4	2	1

Processing Establishments.

1. No. of Licenced Pasteurising Establishments
2. No. of Licenced Sterilising Establishments

1952	1953	1954	1955
11	12	13	12
2	2	2	2

While the number of processing establishments remain fairly constant, there is a great increase in output due to the Borough becoming a "Prescribed Area", and only tuberculin-tested milk and processed milk being on sale. To keep up with the modern trend for increased output, most of the dairies have changed completely; modern machinery and methods being installed.

Licences for processing establishments are issued annually and regular visits are made regarding the inspection of premises and plant.

Samples of all designated milks are regularly taken and a comparison over the past three years are appended.

Comparison of milk samples for the years 1953, 1954, 1955.

- No. of Pastuerised Milk Samples
No. of T.T. (Past) " "
No. of Tub. Tested " "
No. of T.T. (Farm Bottled)
No. of sterilised

1953	1954	1955
343	340	242
221	278	208
154	122	52
42	37	17
79	78	70
839	855	589

Results of Tests of Formal Samples of Designated Milks

	No. of Spls taken.			Satisfactory			Unsatisfactory		
	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.
Pasteurised	242	242	-	238	238	-	4	4	-
Sterilised	-	-	70	-	-	70	-	-	-
T.T. (Past.)	208	208	-	206	203	-	2	5	-
Tub. Tested	52	-	-	51	-	-	1	-	-
T.T. (Farm bottled)	17	-	-	17	-	-	-	-	-
	519	450	70	512	441	70	7	9	-

The Regulations provide for the following tests to be carried out on all Designated Milks.

Pasteurised Milk - Phosphatase & Methylene Blue Tests
T.T. (Pasteurised) " " " "
Tuberculin Tested Methylene Blue
Sterilised Milk - Turbidity Test.

Observations.

It will be observed by the above tables that the percentage of unsatisfactory samples is particularly low in relation to the total number of samples taken. This happy result is largely due to the high degree of co-operation that is given by members of the dairy trade and the ready acceptance of any advice that may be furnished by the Department.

Conclusion.

In addition to the samples already mentioned, samples are taken to test for the presence of tuberculosis.

There were twenty-one samples taken and all proved negative upon test.

FOOD AND DRUGS ACT, 1938.

Inspections.

Dairies and milkshops	286
Cowsheds	8
Milk Purveyors	460
Ice-cream premises and barrows	249
Restaurants and food preparing premises	148
Butchers	202
Wholesale meat shops and stores	54
Butchers' food preparing places	74
Other registered food premises	41
Fishmongers, wholesale and retail	102
Butter or margarine factories	20
Wholesale margarine dealers	29
Markets	99
Food stalls	442
Hospitals and institutions re. food	8
Cottagers' pigs examined	5
Provision shops and stores	586
Greengrocers and fishmongers	126
Food vehicles	51
Railway stations re. food	14
Fried fish shops	141
Slaughterhouses	16
Private slaughterhouses	267
Knackers' yards	7
Offensive trades	18
Visits and revisits re. complaints of food	10
Poulterers	7
Farms	3
School kitchens	1

Work done - Ice-cream premises.

Applications refused	1
Hot water provided	3
Washing-up sinks provided	4
Premises improved	18
Other repairs	8

Work done - Food Shops, Kitchens, etc.

Cleanliness improved	7
Storage arrangements improved	5
Lighting or ventilation improved	4
Ashbins provided	4
Washing-up sinks fixed	2
Wash-hand basins with hot and cold water provided	1
Other repairs	7
Floors and yards repaired	1
Wall plaster repaired	1
Boilers and chimney stacks repaired or improved	1
Roofs, chutes and downpipes repaired	5
Drains cleansed	1
Drains repaired or relaid	1
New drains laid	3
New gully traps fixed	1
Water closet accommodation provided or improved	3
Washing facilities provided and improved	2

Work done - Food Vehicles.

Warnings regarding general cleanliness of vehicle, person or coverings	6
--	---

Work done - Offensive Trades.

Other repairs	2
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FOOD AND DRUGS ACT, 1938.

SAMPLES TAKEN.

Milk	400
Solids	182
Bacteriological samples	5

Food and Drugs Results.

Satisfactory	474
Unsatisfactory	62

Phosphatase Test (Milk).

Satisfactory	435
Unsatisfactory	8

Methylene Blue Test.

Satisfactory	493
Unsatisfactory	4

Turbidity Test.

Satisfactory	56
--------------	----

T.B. Samples.

Negative	29
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PUBLIC ANALYST'S REPORT.

The work carried out for the County Borough of Swansea during the year 1955 is summarised in the following table, which shows the total number of samples examined and reported upon and the headings under which they were classified:-

Under the Food and Drugs Acts	...	553
For the Public Health Department	...	174
For the Weights and Measures Department -		
Under the Fertilisers and Feeding Stuffs		
Act F	...	20
Food	...	1
For the Borough Engineer's Department		2
For the Waterworks Department	...	8
For the Port Health Authority	...	3
		<hr/>
TOTAL	...	761

CHANGES IN FOOD AND DRUGS LEGISLATION.

In 1955, little new legislation relating to the composition and labelling of food and drugs came into operation, but it should be mentioned that from the 1st January, 1955, treatment of flour with agene was prohibited. As promised, however, the Government proceeded with the task of consolidating food and drugs legislation, and on the 22nd November, 1955, the consolidating measure - the Food and Drugs Act, 1955 - received the Royal Assent.

Food and Drugs Act, 1955.

This Act completes the process of amending the Food and Drugs Act, 1938, which was begun during the war. It came into force simultaneously with the Food and Drugs Amendment Act, 1954 and new Food Hygiene Regulations on the 1st January, 1956, when the 1938 Act and the amending Acts of 1950 and 1954 were repealed, their provisions having been reproduced as amended or consolidated in the Food and Drugs Act, 1955.

The main objects of the new provisions may be summarised as follows:-

- (1) To provide further safeguards against the sale of food containing injurious or other undesirable ingredients, particularly those with cumulative effects, and against harmful technological processes.
- (2) To place the law regulating the composition, labelling and advertising of food on a permanent basis under the Food and Drugs Act instead of under Defence Regulations, and to extend the powers to make such regulations.
- (3) To provide fuller powers to secure that food is not contaminated in course of preparation, storage, distribution and sale.
- (4) To protect the general interests of consumers, employers and employees by setting up a Food Hygiene Advisory Council, and by giving government departments power to prosecute for offences.

The Food Hygiene Advisory Council will form part of the permanent administration of the Food and Drugs Act and the Ministers of Food and Health may refer to this Council for its consideration and advice any questions relating to food which come under the Food and Drugs Act. In particular, proposed regulations with regard to the labelling, marking and advertising of food, or to food hygiene, and new codes of

practice will be submitted in draft for the consideration of the Council.

The following are other important changes effected by the new Act. - Certain of the defences available where food or drugs are not of the nature, substance or quality demanded have been abolished, the maximum penalties for offences have been increased and there is now no distinction in penalties between first and subsequent offences. The definition of "food" has been extended to include chewing gum, and there are important changes in the procedure for sampling, and in relation to analysis which now includes micro-biological assays. The increasing complexity of the analytical investigations now required is recognised by the increasing of the time limit between sampling and the beginning of a prosecution from 28 days to two months, except in the case of milk, which period may, in special circumstances, be extended on a magistrate's order. In the past it has been necessary to obtain the consent of the Minister of Food before proceedings could be taken for a false or misleading label relating to food, but the new Act only requires that not less than 14 days' notice of the intention to institute such proceedings, together with a summary of the facts, shall be given to the Minister, who will give a certificate that such requirements have been complied with.

Statutory Instruments.

The Food Standards (Table Jellies) (Amendment) Order, 1955 came into operation on the 16th June, 1955. It provides for the use of low setting gelatine in the manufacture of table jelly crystals by allowing, as an alternative to the present standard of 84 per cent. of sugar in the jelly crystals, a content of not less than $2\frac{1}{2}$ ounces of sugar per pint of prepared table jelly sweet.

The three Statutory Instruments mentioned below are consequential upon the coming into force of the Food and Drugs Act, 1955.

The provisions of the Food and Drugs Act 1938 relating to the composition of butter and the composition and labelling of milk-blended butter, margarine and margarine cheese have not been reproduced in the 1955 Act. Provision is no longer made for the manufacture and sale of milk-blended butter as this product now has no commercial significance, but adequate provisions as to butter and margarine have been made in new regulations made under the Act. These provide as follows:-

The Food Standards (Butter and Margarine) Regulations, 1955 prescribe standards for butter and margarine similar to those previously contained in the 1938 Act. They fix a maximum water content of 16 per cent. for both butter and margarine and require that the fat content of margarine shall not contain more than 10 per cent. of fat derived from milk.

The Labelling of Food (Amendment) Regulations, 1955 lay down requirements as to the labelling, marking and advertising of margarine and margarine cheese. These include a provision prohibiting the use in any label or advertisement relating to margarine or margarine cheese of names and pictorial devices referring to, or suggestive of, butter or anything connected with the dairy interest, and requiring that any claims on labels or in advertisements that margarine is made with or contains cream or milk must be accompanied by a declaration, in the prescribed manner of the butter equivalence of the milk-fat so introduced.

Since chewing compounds are now deemed to be food, and as mineral oil in the form of so-called micro-crystalline wax is commonly used as an ingredient in such articles to increase plasticity and avoid tackiness, the Mineral Oil in Food Order has been amended to permit this use of mineral wax to continue. This was effected by:

The Mineral Oil in Food (Amendment) Regulations 1955. They provide for the presence of 12.5 per cent of micro-crystalline wax of specified purity in chewing compounds.

In a circular letter issued with these Regulations by the Ministry of Agriculture, Fisheries and Food it is stated that amendment of the Order in this respect is appropriate, as the base of chewing compounds is not normally ingested, and the specification of purity incorporated in the amending regulations provides a safeguard against possible risk to health from the process of chewing.

The provisions of these three Statutory Instruments came into force on the 1st January, 1956, with the exception of that prohibiting claims that margarine contains or is made with cream milk unless these are made in the prescribed form. This prohibition came into effect by stages, but it has been in full operation since the 1st April, 1956.

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACTS,
1938 - 1950.

The total number of samples of food and drugs examined during the year for the County Borough of Swansea was 553. The fact that a sample is obtained under the provisions of the Food and Drugs Acts does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, regard was given to all relevant legislation.

The nature of the various articles submitted, the number of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the following table.

Samples submitted under the Food and Drugs Acts
during 1955.

Nature of sample	Number examined	Number unsatis- factory.
Almonds, Ground	1	-
Apple Jelly	1	-
Arrowroot	1	-
Blancmange powder	2	-
Butter	18	3
Cake	5	-
Cake mixture	1	-
Candied peel, Cut	2	-
Caraway seeds	1	-
Cheese, Caerfilli	1	-
Cheese, Processed	1	-
Cheese spread	1	1
Cheese-coated cereal	1	1
Cherries, Glace	3	1
Chewing gum	2	1
Cinnamon, Ground	1	-
Cloves	2	-
Cochineal extract	1	-
Coconut, Desiccated	1	-
Coffee and chicory essence	1	-
Cornflour	2	-
Crab, Dressed	1	-
Crab paste	1	-
Dessert powder	4	-
Drugs and Medicinal preparations:		
Aniseed, Balsam of	1	-
Aspirin, tablets	1	-
Bicarbonate of soda	2	-
Cascara tablets	1	-
Castor oil	1	-
Cough mixture	2	-
Cream of tartar	1	-
Eucalyptus oil	1	-
Glycerine	1	-

Nature of sample	Number examined	Number . unsatis- factory.
Liquorice and Menthol tablets	1	-
Oil oil	3	-
Phenacetin tablets, Compound	1	-
Figs, Dried	1	-
Fish cakes	1	-
Fish paste	4	-
Flour, Self-raising	1	-
Golden raising powder	1	-
Gravy browning	1	-
Honey	1	-
Ice-cream	12	1
Jelly cream, Sweetened	1	-
Jelly crystals	2	-
Lard	4	-
Laverbread	1	-
Lemon curd	1	-
Lemon flavouring	1	-
Lime juice, Canned	1	1
Macaroni and Cheese	1	-
Margarine	5	-
Marzipan	2	1
Meat products:		
Bacon	1	-
Beef minced	1	-
Black pudding	1	-
Brawn	1	-
Chicken, Potted	1	-
Sausage meat	1	1
Sausages	5	2
Sausages, Canned Frankfurter	1	-
Steak, Minced	1	-
Turkey, Minced	1	-
Milk	371	49
Milk, Appeal-to-cow samples	7	-
Milk, Chocolate flavoured	1	-
Milk, Condensed	1	-
Mincemeat	3	-
Nutmeg, Ground	1	-
Peanut butter	1	-
Pie filling ingredients	1	-
Pickles	3	-
Pudding powder	1	-
Pudding, Christmas	2	-
Raisins	1	-
Redcurrant jelly	1	-
Rennet, Essence of	1	-
Rice, Ground	1	-
Sago	1	-
Salt	1	-
Sild, Canned	1	-
Soft drinks	3	1
Soft drink powder	2	-
Soup powder	1	-
Spice, Mixed	2	-
Sponge mixture, Sweetened	2	-
Sugar	2	-
Sweets	10	1
Table creams	1	1
Tea	2	-
Vinegar	2	-
Wine, Non-alcoholic	1	-
Total	553	64

The number of samples reported upon adversely was 64, or 11.5 per cent of the samples examined. Comparison with recent years is made in the table below and it will be noted that the proportion of unsatisfactory samples was almost the same as in 1954.

Year	Number of samples examined	Number adulterated or otherwise irregular.	Percentage adulterated or irregular.
1948	604	45	7.4
1949	556	46	8.2
1950	578	43	7.4
1951	512	86	16.8
1952	555	93	16.7
1953	555	68	12.2
1954	524	60	11.4
1955	553	64	11.5

Milk.

The total number of milk samples submitted under the Food and Drugs Acts during the year was 378. Of these 371 were taken in the ordinary way by the Sampling Officers from roundsmen, at wholesale dairies and at public institutions, while 7 were appeal-to-cow samples.

In every case where the results of chemical analysis suggested the possibility of the presence of added water, the Hortvet freezing point test was applied. Seventy-six samples that contained less non-fatty solids than the legal presumptive minimum of 8.5 per cent. had normal freezing points, thus indicating that these milks had not been adulterated by the addition of water, but that they were naturally poor in non-fatty solids. Accordingly they were reported upon as being "genuine though low in non-fatty solids". This number represents no less than 20.1 per cent. of all the samples of milk submitted; in 1954 the proportion of such samples was 18.8 per cent. and in 1953 it was 11.0 per cent. As usual, the majority of these samples were obtained during the winter months, 48 - or nearly two-thirds of them - being found during the first quarter of the year. The lowest non-fatty solids content in all these samples was 8.02 per cent. which was found in two samples the freezing-points (Hortvet) of which were -0.536°C and 0.532°C respectively.

The freezing-point test confirmed the presence of added water in nine samples of milk, but two samples (from separate sources) that contained less than 8.5 per cent. of non-fatty solids were curdled upon arrival at the laboratory and the freezing-point test could not be applied. In accordance with the provisions of the Sale of Milk Regulations these samples were presumed to contain extraneous water and they were classified as unsatisfactory. One of these two samples was also deficient in fat, and when a further sample was obtained from this source it was found to be deficient in non-fatty solids to the extent of 13 per cent. and its freezing point showed that this was due to the presence of at least 13 per cent. of added water. The producer was summoned in respect of this sample and he was fined £10 and ordered to pay £6. 6. 0d. costs.

Legal proceedings were also taken against another farmer for sending to a dairy four churns of milk containing added water to the extent of 5%, 5%, 6% and 9% respectively. He was found guilty and upon two previous convictions for similar offences in 1953 being proved, he was sentenced to three months' imprisonment on each of the four charges and ordered to pay £12. 12. 0d. costs. The defendant entered an appeal against conviction but shortly before the hearing at Quarter Sessions he withdrew his appeal against conviction and appealed against sentence only. The Assistant Recorder who heard the appeal altered the sentence

of imprisonment for three months on each charge to a fine of £30 on each charge and the appellant was ordered to pay the Corporation's costs amounting to £30.

The proportions of extraneous water in the remaining four samples were very small and suggested careless draining of receptacles or of processing plant rather than deliberate adulteration.

Thirty none, or 10.5 per cent of the 371 routine samples of milk contained less than 3.0 per cent of fat which is the minimum presumptive limit for fat content fixed by the Sale of Milk Regulations. This proportion again is appreciably higher than usual. In 954 the corresponding percentage was 9.7 but the average proportion over the years 1943-54 is only 7.3 per cent. Most of these samples were taken from supplies of raw milk delivered to dairies in Swansea and were described on the labels attached to the churns as morning milk. In many cases they were accompanied by samples of afternoon milk from the same cows and invariably these were relatively rich in fat so that the fat content of the whole consignment average more than 3 per cent.

When there is a considerably longer interval between the afternoon milking and the next morning milking than there is between the morning and afternoon milkings of the same cows, it is generally found that the afternoon milk is rich in fat (and small in quantity) while the morning milk is low in fat content (and large in quantity). This is the most common cause of the fat content of genuine milk falling below 3.0 per cent., and it is particularly liable to occur in the Spring when the fat content of milk is, on the average, at its lowest during the year.

Appeal-to-cow Samples. These are samples of milk taken by a Sampling Officer after he has very carefully supervised the milking of the cows. They are obtained for comparison purposes when a previous sample from the same source has been found to be unsatisfactory and they show the composition and properties of the adulterated milk given by the cows. During the year under review seven such samples were submitted for analysis, three being from one farm and four from another. They were obtained in connection with the five adulterated samples that were the subject of legal proceedings and they showed that at both farms the cows were giving milk of excellent quality with normal freezing points.

Summary of Legal Proceedings. For convenient reference, particulars of the cases in which legal proceedings were taken are given in tabular form below:-

Milk Prosecutions, 1955.

No. of sample.	Results of Analysis.	Results of Proceedings.	
		Fine	Costs
J.141 (	Contained 5 per cent of added water		
J.142 (	" 9 " " " " "	£120	£30
J.143 (	" 5 " " " " "	(third offence)	
J.144 (	" 6 " " " " "		
J.283	Contained 13 per cent of added water	£10	£6.6.0d.

Channel Islands Milk. "Channel Islands milk" is defined in the Milk (Great Britain) Order, 1954 as milk -

- (a) which is produced from cows of the Channel Islands breeds, and
- (b) which the producer thereof sells by retail or in respect of which he receives a premium paid through the medium of a premium contract issued by a Milk Marketing Board, and
- (c) which is labelled "Channel Islands milk" "Jersey milk" or "Guernsey milk" when sold in a container.

Such milk may only be sold at a price exceeding the maximum for ordinary milk (or the maximum for "Tuberclin Tested milk Farm Bottled" should one of these descriptions also be applicable to the milk) if it has a butter-fat content of not less than 4.0 per cent.

The Ministry of Food is responsible for the enforcement of this Order and it has requested that where a Food and Drugs Authority finds a sample of Channel Islands milk to contain less than 4.0 per cent but not less than 3.0 per cent. of butter-fat, full particulars, including the name and address of the vendor and of the producer, be sent to the Milk Division of the Ministry of Food in order that appropriate action may be taken.

During the year, six samples of Channel Islands milk were examined. None contained less than 4 per cent of fat, the lowest fat content being 4.20 per cent., the highest 5.52 per cent. and the average 4.79 per cent.

Average Composition of Milk Samples. The average composition of all the milk samples submitted during the year is given in the table below. The average composition of the Channel Islands Milk and of the 'ordinary' milk samples (i.e. all samples other than Channel Islands milk) is also shown.

Average Composition of Milk Samples, 1955.

Variety	Number of samples	Fat per cent.	Non-fatty solids per cent	Total solids per cent
Channel Islands milk	6	4.79	9.25	14.04
Other milk samples	372	3.58	8.67	12.25
All milk samples	378	3.60	8.68	12.28

It will be observed that the average composition of Channel Islands milk is much superior to that of 'ordinary' milk and the results from this variety are in accordance with the general finding that milk that contains a high percentage of fat also contains a high percentage of non-fatty solids.

In the next table the average composition of the 'ordinary milk' samples for 1955 is compared with the figures for the previous twelve years.

Average Composition of Ordinary Milk Samples,
1943-1955.

Year	Number of samples	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
1943	321	3.62	8.68	12.30
1944	272	3.61	8.68	12.29
1945	386	3.61	8.71	12.32
1946	260	3.56	8.68	12.24
1947	217	3.59	8.63	12.22
1948	307	3.59	8.79	12.38
1949	255	3.53	8.76	12.29
1950	285	3.57	8.70	12.27
1951	299	3.47	8.64	12.11
1952	350	3.56	8.66	12.22
1953	403	3.61	8.67	12.28
1954	339	3.59	8.64	12.23
1955	372	3.58	8.67	12.25

It will be noted that during this period there has been comparatively little change in the average composition of the samples, except in 1948 when the total solids were appreciably above the average. The figures for 1955 were very similar to those for the previous three years. Attention has already been drawn to the high proportion of samples in the last two years that have contained less than 8.5 per cent. of non-fatty solids but had normal freezing points, thus indicating that they were naturally poor in this constituent - in 1954 the proportion was 18.8 per cent. of all the milk samples and in 1955 it was 20.1 per cent. The proportion of samples containing less than 3.0 per cent. of fat was also high in 1955, amounting to 10.5 per cent. These are matters that require the attention of dairy farmers, the agricultural research institutions and the Milk Marketing Board.

In 1951 a Working Party was appointed by the Government "to examine the present structure of producers' prices for milk and to advise whether it is desirable and practicable to make revisions which would promote an improvement in the composition and quality of milk sold off farms in the United Kingdom". Their report was published in 1953 when the Working Party came to the conclusion that -

"there has been some deterioration in the composition of milk in England and Wales over the past 30 years and that the decline in solids-not-fat has been more marked than that in fat. We consider, however, that there is also evidence to suggest that the decline has been arrested, at least in some areas. Nevertheless, milk of poor compositional quality is still being produced throughout the year by too many producers. In the early spring and occasionally at other seasons, substantial quantities of milk in many parts of England and Wales fall below the presumptive minimum standards. There is therefore no cause to be satisfied with the present level of milk quality in England and Wales and every reason for taking steps to improve it.

For arresting this decline, the Working Party recommended that where poor quality milk is being produced, the farmer should be advised by the National Agricultural Advisory Service, and should no improvement then occur the Milk Marketing Board would give notice to the producer that if the milk did not improve within a specified time his contract would be terminated.

This scheme would deal, in the first place, with those producers sending in milk at or near the presumptive minimum standards and the ultimate sanction of cancellation of contract would fall initially only on those who persisted in sending in milk which fell below those standards. It was considered that as progress was made, the scheme could be strengthened by progressively raising the limits below which a distributor can reject milk as unmarketable (at present 3 per cent. of fat and 8.5 per cent. of solids-not-fat) and that if progress were not made, or were not made quickly enough, it might be necessary for the Government to give consideration to the imposition of penalties on unsatisfactory milk.

No action appears to have been taken during the year under review to implement these recommendations.

Articles other than Milk.

One hundred and seventy-five samples other than milk were submitted during the year. They covered a wide range of articles and particulars of the fifteen samples (=8.5 per cent.) that were reported upon adversely are tabulated below.

Unsatisfactory Samples of Articles other than Milk - 1955.

Article	Nature of Adulteration or Irregularity
Butter	Consisted of margarine.
Butter(2 samples)	Contained 16.1% and 16.2% of water respectively. Maximum permitted = 16.0%
Cheese Spread	Contained 52.9% of water, being 4.9% in excess of the maximum limit of 48% recommended by the Food Standards Committee set up by the Minister of Food.
Cheese-coated Cereal (pre-packed)	Contained approximately 15% of vegetable fat the presence of which was not declared on the label.
Cherries, Glace	One of the constituents was described as "glucose" whereas the article used was the substance known commercially as "liquid glucose" which consists mainly of dextrans and contains only about one-sixth of its weight of dextrose, i.e. "glucose" as known to the housewife.
Chewing Gum	Contained 5½% of talc.
Ice-cream	Deficient of 40% of the prescribed minimum fat content.
Lime Juice, Canned	Contained 300 parts per million of tin.
Marzipan (pre-packed)	The label bore no declaration of the ingredients of the marzipan.
Sausage Meat	Contained sulphur dioxide preservative in excess of the maximum amount permitted.
Sausages	Contained sulphur dioxide preservative, the presence of which was not declared.

Article	Nature of Adulteration or Irregularity
Beef Sausages	Contained 47.5% of meat instead of at least 50%.
Lemonade	Contaminated with traces of some coal-tar phenolic substances, probably a disinfectant.
Sweets	One of the sweets contained numerous woody fragments of decorticated liquorice root.

The table includes examples of irregularities in the labelling of pre-packed articles of food, instances of the presence of extraneous matter (woody fragments in sweets), excessive mineral matter (talc) and metallic and phenolic contaminants, and also cases of failure to comply with legal or recommended standards of composition.

Butter. A housewife who thought that the article she had bought in Swansea as butter was in fact margarine, took a sample to the Public Health Department and the Chief Sanitary Inspector submitted this for examination. This sample, which was in a somewhat messy condition, was in a plain greaseproof wrapper (unlike a margarine wrapper which must bear the word "margarine") proved upon analysis to be margarine, but it contained only 7.1 per cent of water whereas margarine as purchased invariably contains from 14 to 16 per cent. of water. It seemed likely that this article had been heated after it had been bought, and the housewife may have been mistaken in thinking that it was butter. After the result of analysis was known, the Chief Sanitary Inspector arranged for this housewife to purchase a pound of butter at the same shop. This was treated as an "official" or "formal" sample, but this proved to be genuine butter. No further action therefore was taken in this matter.

The Food & Drugs Act 1938 prohibits the sale of butter containing more than 16 per cent. of water. Two samples of butter contained water slightly in excess of this maximum limit and the manufacturers were warned.

Cheese and Cheese Products. A sample of Caerfilli cheese proved to be a whole-milk cheese. It contained 35 per cent. of milk-fat or 53 per cent. of milk-fat in the dry matter of the cheese.

In this country there are no legal standards for processed cheese or for cheese spreads and from an administrative point of view the present position in respect of these products is very unsatisfactory.

In January, 1948, the Minister of Food appointed a Food Standards Committee to review the composition of food and to recommend where it was considered advisable, standards based on quality and nutritional value. This Committee has considered, inter alia, processed cheese and cheese spreads and in July, 1949, it issued a report on these products. The Committee recognised that the method of manufacture offered an opportunity for the inclusion of excessive amounts of water and it was of opinion that there was need for protecting the consumer against the sale of inferior articles of this description. It therefore recommended the adoption of definitions and standards for both processed cheese and cheese spreads, and in the case of the latter it considered that the ingredients used should be declared. The standards recommended are set out in the table below:-

Recommendations of the Food Standards Committee of the Ministry of Food, 1949.

Description	Water content	Butter-fat in dry matter.
Processed Cheese of the Gruyere and Emmenthal varieties.	Not more than 45%	Not less than 45%
Other Processed Cheese	Not more than 42%	Not less than 48%
Cheese Spread	Not more than 48%	Not less than 45%

A sample of processed Cheddar cheese complied fully with the Food Standards Committee's recommendations for processed cheese other than Gruyere and Emmenthal varieties. It contained 40.2% of water and 49.7% of milk-fat in the water-free cheese.

The sample of cheese spread did not, however, comply with the Committee's recommendations for this article inasmuch as it contained 52.9% of water and the ingredients used were not declared on the label. Consequently it was reported upon adversely. The product contained 46.5% of fat in the dry matter, but this mode of expressing the fat content is liable to be misleading since, for a fixed fat content in the finished product, the higher the water content the higher will be the percentage of fat in the dry matter of the spread. For example, a product containing only 40% of water and 24% of fat, contains in the dry matter 40% of fat, whereas a less nutritious spread containing 60% of water and 24% of fat will contain 60% of fat in the dry matter.

The recommended limit of 48% of water requires a cheese spread to contain at least 23.4% of fat if it is to comply with the further recommendation that the dry matter shall contain not less than 45% of fat. The sample of cheese spread in question contained only 21.9% of fat. Again, this is not apparent from the Committee's method of expressing the fat content, and in my opinion it would be preferable to fix a minimum fat content and to express it as a percentage of the entire cheese spread and not upon the water-free article.

It is now nearly six years since the Food Standards Committee made these recommendations, but they have not been given statutory effect and consequently local authorities are reluctant to take legal action even in respect of samples that have been considered of very unsatisfactory composition, for it has been felt that if the Government is not in a position to make standards after consulting their advisers, local authorities and magistrates can scarcely be expected to be so. When samples have failed to comply with these recommendations they have been classed as unsatisfactory and the Town Clerk has sent the results of analysis to the Ministry of Food, who have forwarded them to the Food Standards Committee for information.

The ingredients of an article that was described as "a cheese treat in a new way" were listed on the label as "hybrid maize, fine mature cheese, seasoning and vegetable colouring." This product contained 26.8 parts per cent. of total fat, of which 17.5 parts were vegetable fat. After making allowances for the oil naturally present in the maize, the article contained approximately 15 per cent. of vegetable fat the presence of which was not declared on the label. The Town Clerk drew the attention of the manufacturers to this matter and in reply they stated they thought that "as the vegetable fat was used solely as a carrier to enable processing it was unnecessary to specifically state the presence of this on the label." They undertook to declare the presence of vegetable fat in future.

Glace Cherries. The Labelling of Food Order requires, in general, that labels on pre-packed foods must bear the appropriate designation of each ingredient or constituent, and these must be specified in descending order of the proportions in which they were used. For the purpose of this requirement, "appropriate designation" means "a name or description which shall indicate to a prospective purchaser the true nature of the ingredient or constituent to which it is applied."

One of the ingredients of a sample of pre-packed glace cherries was described as "glucose" whereas analysis showed that the substance used was the article known commercially as "liquid glucose". Pure glucose is a white powder frequently purchased by the housewife for infant feeding and other purposes, whereas "liquid glucose" is a syrup prepared by the hydolysis of starch and consists principally of dextrins, less than one-sixth of its weight being dextrose, i.e. "glucose" as known to the housewife. These two descriptions therefore are not synonymous and the constituent referred to on the label as "glucose" should have been described as "liquid glucose". The use of the term "glucose" for the latter product does not indicate to a prospective purchaser the true nature of the ingredient used.

The Town Clerk informed the packers that as a result of analysis it was considered that the appropriate designation of this ingredient is "liquid glucose" and in acknowledging his letter the firm expressed their appreciation of the advice given to them and said that they had that day, given instructions for the printing plates to read 'Liquid Glucose' in order that they comply with the Labelling of Food Order.

Marzipan. A sample of pre-packed marzipan was of satisfactory composition but it did not bear a list of the ingredients used in its preparation. The manufacturers were informed of the requirements of the Labelling of Food Order and cautioned.

Ice-cream. The results of analysis of the samples of ice-cream were, on the whole very satisfactory, particularly as they were obtained mainly from the smaller and medium-sized local makers. Of the twelve samples submitted only one failed to comply with the standard. This unsatisfactory sample was deficient of 40 per cent. of the prescribed minimum fat content. The Borough Council decided that the manufacturer should be warned.

The fat content of all the samples ranged from 3.0 to 10.6 per cent. with an average of 7.6 per cent., and the total solids ranged from 27.0 per cent. to 39.9 per cent. and averaged 33.4 per cent. These averages are highest obtained in Swansea since the manufacture of ice-cream was given permission after the war.

Sausages and Sausage Meat. There are now no statutory minimum standards of composition for sausages and sausage meat, but prior to 1st March 1953, they were the subject of a Food Control Order which regulated their composition price. The minimum meat content for beef sausages was 50 per cent. and for pork sausages 65 per cent., and since more meat is now available for manufacturing purposes it is generally considered that sausages ought not to contain less meat than during the period of control.

Of the five samples of sausages submitted, four consisted of beef sausage and the other was pork sausage. The latter contained 64 per cent. of meat, of which 33 per cent. (slightly more than half) was fat. It was regarded as fairly satisfactory. One of the samples of beef sausages contained only 47.5 per cent. of meat and was reported as being deficient in meat content, but the other three were satisfactory, their meat contents ranging from 53 to 62 per cent.

The Ministry of Agriculture, Fisheries & Food has asked that the meat content of samples of sausages and the price paid for them be given in the Quarterly Report of Public Analysts in order to enable the Ministry to keep this question of meat content under review.

Sausages and sausage meat may contain a sulphite preservative provided its presence is declared on a label attached to them or by means of a notice exhibited in a conspicuous place so as to be easily readable by a customer, and that the amount present does not exceed 450 parts per million when it is expressed in terms of sulphur dioxide. All the samples of sausages were declared to be preserved. A sulphite preservative was present in each case, but in one sample an amount somewhat in excess of the maximum allowed was found.

ATMOSPHERIC POLLUTION.

" Air pollution ... needs to be combated with the same conviction and energy as were applied one hundred years ago in securing pure water."

" The economic loss borne by the nation year after year as the result of air pollution is very great, recent estimates of £100 - £150 million per annum may not be far from the mark."

- Report of the Beaver Committee on Air Pollution, 1954.

During the last ten years, and particularly since the severe and protracted "smog" in London in December, 1952, there has been a widespread increase in the recognition of clear air for national well-being, and this has resulted in an unprecedented growth in the scheme - known as "The Investigation of Atmospheric Pollution" - whereby Local Authorities and other organisations co-operate with the Fuel Research Station of the Department of Scientific and Industrial Research by making measurements of atmospheric pollution.

A short account of the development of this organisation was given in the report of your Analyst for the year 1954 (vide Annual Report of the Medical Officer of Health for Swansea for the year 1954, pp. 101 and 102).

One of the functions of the Fuel Research Station is "to carry out the supervision, co-ordination and collation of the local records of atmospheric pollution and to advise on research into the amount, nature and prevention of the pollution." Though the object of the Investigation of Atmospheric Pollution is to obtain exact scientific information, its ultimate purpose is to give assistance of public authorities and to industry in dealing with the smoke problem and with public health questions arising out of it, and to this end a Standing Conference of Co-operating Bodies has been established to which all who are taking part in the work or who are contributing to the research funds are entitled to send representatives. In this way the closest possible contact is made between the Department, as responsible to the direction of the work, and the representatives of Local Authorities and Industry, as responsible for measurements and the practical application of the results. In the Report of the Standing Conference for the ten years ended 31st March, 1954, which was published in December, 1955, it is stated that the Conference "has followed with satisfaction the expansion of the work during the post-war period, and can note with some pride that the research has been ably backed by a rapid extension of the use of measuring instruments by the co-operating bodies." This is "encouraging evidence that Local Authorities are seriously concerned to ascertain and keep a watch on the state of the atmosphere in their areas."

Swansea Measurements. The Swansea Public Health Department has participated in this scheme since the 1st January, 1954, when a standard deposit gauge and a "lead peroxide candle" were installed on the roof of the Scala Cinema in Pentreguinea Road, St. Thomas. On the 1st July 1954, similar instruments put into operation on the roof of the Guildhall and at Llansamlet.

The deposit gauge is used to measure the rate at which atmospheric pollution is deposited and, by inference, the rate at which it is emitted into the air. It consists essentially of a glass bowl, 12 inches in diameter, which drains into a bottle of about 10 litres capacity, and after it has been exposed on the site for one calendar month the extent of pollution by deposited matter is determined by analysis of the solid and liquid fractions collected. The full examination of the deposits includes the determination of the volume of liquid (rain) collected, its pH value, and - content of calcium, chloride and sulphate ions and of total dissolved matter; the undissolved matter is weighed and analysed for ash, "tar" (i.e. material soluble in carbon disulphide), and other combustible matter.

The lead peroxide candle serves for the measurement of sulphur gases in the air. One of the most deleterious products of the combustion of fuels is sulphur present in the form of its oxides, mainly sulphur dioxide. Sulphur dioxide is discharged into the atmosphere with the chimney gases wherever fuel in the form of coal, coke, fuel oil or unpurified gases is burnt. A relatively small proportion of the sulphur contained in solid fuels is retained in

the ashes, but the bulk of it goes into the atmosphere. It was estimated by the Beaver Committee on Air Pollution that in Great Britain, in the year 1953, no less than 5.2 million tons of sulphur dioxide were discharged into the atmosphere from the consumption of coal, coke and oil.

In the lead peroxide method of measuring sulphur dioxide, a small porcelain cylinder or "candle" coated with lead peroxide is exposed to the air for one month and then analysed for sulphates, since the sulphur dioxide taken up from the air is oxidised by the lead peroxide to sulphate. To protect the candle from rain and external damage during exposure it is housed in a louvered box. The results are expressed in empirical units, viz. milligrams of sulphur trioxide per day per 100 square centimetres of standard lead peroxide exposed in the standard apparatus; they thus provide comparative data only, but they do afford a means of comparing the intensity of pollution of the air by sulphur at different places and times and they give a useful indication of the relative effects of polluted atmospheres upon buildings, stonework, metals and paints.

Results of the Measurements in 1955. The results obtained during the year at each of the three stations are given in tables A, B and C. Unfortunately, during a gale in March, the deposit gauge on the roof of the Guildhall was blown over and broken and because of delay in obtaining delivery of a new one, measurements of deposited matter at this station could not be resumed until June.

TABLE A.

STATION I - PENTRE-GUINEA ROAD, ST. THOMAS. MONTHLY RESULTS, 1955.

Deposited matter - tons per square mile

Type of Deposit	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug	Sept.	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER	32.42	12.47	34.09	19.25	35.88	38.78	21.76	13.78	30.79	16.48	15.76	34.89
"Tar"	0.40	0.40	0.30	0.69	1.17	2.27	0.74	0.30	0.59	0.32	0.42	0.42
Other combustible matter	8.79	5.39	12.35	5.84	17.63	7.27	12.23	5.61	13.17	6.66	8.02	16.06
Ash	23.23	6.68	21.44	12.72	17.08	29.24	8.79	7.87	17.03	9.5	7.32	18.41
TOTAL DISSOLVED MATTER	7.82	6.27	19.26	7.37	9.34 [*]	8.61	3.68	4.48	8.02	9.67	12.40	15.16
Calcium, Ca ⁺⁺	0.50	0.39	0.72	0.49	0.44	0.76	0.40	0.29	0.55	0.55	0.55	0.87
Chlorides, Cl ⁻	1.73	1.26	2.55	1.12	1.19	0.99	0.03	0.23	0.27	2.03	1.69	4.41
Sulphates, SO ₄ ⁻	1.06	1.81	3.58	2.05	2.10	1.53	1.01	1.16	2.05	2.15	3.41	3.89
TOTAL SOLID MATTER DEPOSITED	40.24	18.74	53.35	26.62	45.22	47.39	25.44	18.26	38.81	26.15	28.16	50.05
Rainfall, in inches	3.19	3.15	2.99	3.48	4.29	4.85	0.51	0.83	2.44	2.33	4.02	6.66
pH value of filtrate from gauge	4.6	4.7	5.7	5.8	5.9	6.2	5.8	6.1	6.4	6.6	4.6	4.9
SULPHUR DIOXIDE expressed as milligrams SO ₃ per 100 sq. cms. lead peroxide per day.	2.76	2.27	2.88	1.72	1.59	1.15	0.87	2.33	2.38	3.66	3.81	2.68

* This figure is the average of the results for the other eleven months of the year. The actual results obtained, viz. 84.5 tons/sq. mile, indicated that some casual contamination of the contents of the gauge had occurred and it was therefore rejected.

TABLE B.

STATION II - CHURCH ROAD, LLANSAMLET. MONTHLY RESULTS 1955.

Deposited Matter - tons per square mile

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER	15.57	7.43	20.43	27.85	21.63	21.61	18.48	18.74	15.90	12.13	9.63	19.33
"Tar"	0.39	0.17	0.25	0.55	0.57	0.34	0.20	0.66	0.47	0.19	0.27	0.21
Other combustible matter	5.08	2.50	3.34	8.60	9.12	7.37	8.72	7.03	5.14	4.61	3.70	7.23
Ash	10.10	4.76	16.84	18.70	11.94	13.90	8.56	11.05	10.29	7.33	5.66	11.89
TOTAL DISSOLVED MATTER	7.97	5.83	17.68	9.32	16.42	10.86	4.28	4.44	9.98	11.51	9.07	26.71
Calcium, Ca ⁺⁺	0.42	0.29	0.56	0.47	0.47	0.57	0.35	0.24	0.34	0.47	0.59	0.97
Chlorides, Cl ⁻	1.42	1.03	1.89	0.93	1.50	0.44	0.25	0.34	1.03	1.86	1.08	3.75
Sulphates, SO ₄ ⁻	2.60	1.84	3.82	3.31	5.30	3.14	1.20	1.57	2.91	3.06	1.99	8.49
TOTAL SOLID MATTER DEPOSITED	23.54	13.26	38.11	37.17	38.05	32.47	22.76	23.18	25.88	23.64	18.70	46.04
Rainfall, in inches	3.94	2.72	3.50	3.03	4.84	5.79	0.87	1.46	3.23	3.03	4.22	6.86
pH value of filtrate from gauge	5.1	5.0	5.2	6.1	5.4	6.1	6.0	6.0	6.2	6.6	4.9	5.4
SULPHUR DIOXIDE expressed as milligrams SO ₂ per 100 sq. cms. lead peroxide per day.	1.09	0.77	0.58	1.07	1.39	0.83	0.63	0.60	0.73	0.90	0.85	1.47

Deposited Matter - tons per square mile

Type of Deposit	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER	14.27	4.49	-	-	-	11.40	8.39	8.09	8.85	4.71	5.64	14.48
"Tar"	0.37	0.14	-	-	-	0.22	0.07	0.19	0.32	0.10	0.20	0.23
Other combustible matter	3.78	1.55	-	-	-	2.92	3.30	3.02	3.16	2.11	1.69	6.10
Ash	10.12	2.80	-	-	-	8.26	5.02	4.88	5.37	2.50	3.75	8.15
TOTAL DISSOLVED MATTER	8.50	6.16	-	-	-	4.85	2.76	2.77	5.03	8.50	10.80	13.14
Calcium, Ca ⁺⁺	0.56	0.30	-	-	-	0.56	0.17	0.15	0.30	0.39	0.62	0.88
Chlorides, Cl ⁻	2.43	1.60	-	-	-	1.20	0.44	0.24	1.23	2.30	2.91	4.11
Sulphates, SO ₄ ["]	2.04	1.66	-	-	-	2.13	0.51	0.90	1.05	1.45	2.25	3.27
TOTAL SOLID MATTER DEPOSITED	22.77	10.65	-	-	-	16.25	11.15	10.86	13.88	13.21	16.44	27.62
Rainfall, in inches	2.88	3.07	-	-	-	4.45	0.04	0.51	1.66	1.58	3.90	5.95
pH value of filtrate from gauge	5.6	4.9	-	-	-	6.1	4.2	5.4	6.0	6.4	5.3	5.1
SULPHUR DIOXIDE, expressed as milligrams SO ₃ per 100 sq. cms. lead peroxide per day.	1.74	1.09	1.26	0.59	0.53	0.32	0.84	0.81	0.54	1.18	1.66	1.01

Deposited Matter. It will be observed from these tables that at each of the three stations widely differing quantities of material are often collected in the deposit gauge in successive months. This is due to the fact that the rate of deposition of pollution in any one specified locality depends not only on the fuel consumed in that locality, but also on rainfall, the strength and direction of the wind and other variable meteorological factors. Hence, only a small part of the differences is due to variations in the rate at which pollution is emitted. On an average over a long time, however, rainfall, wind, and the other meteorological variables are approximately the same, so that changes in the emission of atmospheric pollution can be detected. Experience has shown that reliable conclusions can be drawn from the data gathered at the same test-site over periods of five years, and for this reason it is the practice of the Fuel Research Station to issue periodically reports in which comparison is made of these five-yearly averages. In this way changes in the amount of atmospheric contamination can be determined and their significance can be statistically assessed. Trends in pollution are thus ascertained.

At the Fuel Research Station the data in respect of deposited matter obtained at each site is used also to investigate seasonal changes and for this purpose six-monthly summer and winter averages are calculated, the six months April to September inclusive being termed the "summer" months and the six months January, February, March, October, November and December are the "winter months".

If, as a result of accident or other cause, there are no figures for one of the "summer" or "winter" months, it is established practice to insert for this month the average of the other five months for the purpose of calculating the Annual Total Deposit or the Monthly Averages for the year, the "summer" and the "winter". Similarly if for any six-monthly period results for two of the months are not available, the average of the other four months is inserted for the "missing months" unless the missing results are for consecutive months, in which case no annual total or monthly averages are recorded.

The next two tables, D and E, show the annual rate of deposition of the various pollutants together with the monthly averages for the whole year and for the summer and winter months at Stations I and II (i.e. St. Thomas and Llansamlet respectively), but because measurements of deposited matters could not be made at Station III (The Guildhall) for three consecutive months, the annual rate of deposition could not be ascertained and the monthly averages are not recorded. The measurement of sulphur dioxide by the lead peroxide method continued to be made at the Guildhall, throughout the year, however, and the monthly averages for the whole year and for the summer and winter months have been calculated from the results recorded in Table C.

TABLE D.

STATION I - ST. THOMAS.

Deposited Matter, tons per square mile.

	Total deposit 1955	Monthly Rate of Deposition 1955		
		For whole year	For summer months	For winter months
TOTAL UNDISSOLVED MATTER	306.35	25.53	26.70	24.35
Tar	8.02	0.67	0.96	0.38
Other combustible matter	119.02	9.92	10.29	9.54
Ash	179.31	14.94	15.45	14.43
TOTAL DISSOLVED MATTER	112.08	9.34	6.92	11.76
Calcium, Ca ⁺⁺	7.03	0.59	0.49	0.68
Chlorides, Cl ⁻	17.50	1.46	0.64	2.28
Sulphates, SO ₄ ⁻	25.80	2.15	1.65	2.65
TOTAL SOLID MATTER DEPOSITED	418.43	34.87	33.62	36.11
Rainfall, in inches	38.7	3.23	2.73	3.72
pH value of filtrate from gauge:-				
Maximum		6.6	6.4	6.6
Minimum		4.6	5.8	4.6
Average		5.6	6.0	5.2

TABLE E.

STATION II - LLANSAMLET.

Deposited Matter, tons per square mile

	Total deposit 1955	Monthly Rate of Deposition 1955		
		For whole year	For summer months	For winter months
TOTAL UNDISSOLVED MATTER	208.73	17.39	20.70	14.09
Tar	4.27	0.36	0.46	0.25
Other combustible matter	72.44	6.04	7.66	4.41
Ash	132.02	11.00	12.57	9.43
TOTAL DISSOLVED MATTER	134.07	11.17	9.22	13.13
Calcium, Ca ⁺⁺	5.74	0.48	0.41	0.55
Chlorides, Cl [']	15.52	1.29	0.75	1.84
Sulphates, SO ₄ ["]	39.23	3.27	2.91	3.63
TOTAL SOLID MATTER DEPOSITED	342.80	28.56	29.92	27.22
Rainfall, in inches	43.5	3.62	3.20	4.04
pH value of filtrate from gauge:-				
Maximum		6.6	6.2	6.6
Minimum		4.9	5.4	4.9
Average		5.6	6.0	5.3

Observations on the Deposit Gauge Results for 1955. At the St. Thomas site, the total solid matter deposited per square mile during the year was 418 tons, or 34.9 tons per month. This proved to be practically the same rate of deposition as in 1954 when it was 421 tons per year, or 35.1 tons per month.

At the Llansamlet site, the total solid deposit per square mile for 1955 was 343 tons, or 28.5 tons per month. These figures are slightly more than three-quarters of those for St. Thomas. In this case comparison with the previous year cannot be made as measurements at Llansamlet were not commenced until the 1st July, 1954.

Although it was not possible to determine the yearly rate of deposition of matter at the Guildhall, the figures obtained during the nine months when measurements were made indicate that the total pollution with solid matter was only about half that at the other two stations.

According to the Report of the Director of Fuel Research on the Investigation of Atmospheric Pollution for the Ten Years ended 31st March, 1954, the average monthly deposit for all the 110 sites at which deposit gauges were in operation over at least seven of these years was 18 tons per square mile. At six sites where the total amounts of deposit were among the highest recorded in 1949-54, the average rate of deposition was 69 tons per square mile per month, and at six sites having the smallest amount of deposit the rate was 6 tons per square mile per month.

The average monthly deposit at the St. Thomas site (35 tons per square mile per month) is almost twice the general average given above (18 tons per sq. mile per month), and at the Llansamlet site it was more than $1\frac{1}{2}$ times the general average. There is, therefore, much room for improvement in these areas.

Though there was no significant change in the total quantity of deposited matter at the St. Thomas site in 1955 when compared with 1954, there were some marked differences in the amounts of some of the constituents of the deposits in these two years. Thus, the total undissolved matter in the deposit increased from 271 tons per square mile in 1954 to 306 tons per square mile in 1955. This was due to increases in the amounts of tarry matter and ash (mainly grit). The most notable differences, however, occurred in the amounts of dissolved matter. In 1954 the total dissolved matter per square mile was 150 tons, but in 1955 it was only 112 tons, and of the three constituents determined, the chlorides and sulphates showed very considerable reductions but the dissolved calcium showed only a small and insignificant reduction in amount.

Statistical examination of observations with deposit gauges made by officers of the atmospheric pollution section of the Department of Scientific and Industrial Research has shown that one of the clearest facts about these deposits is that a considerable proportion of dissolved matter is deposited only when it rains, and it has been found that up to 40 % of the dissolved matter in an average month is brought into the gauges by rain. The insoluble matter, however, is affected little by rain, but it is influenced by humidity and wind direction. This dependence of dissolved solids on rainfall therefore must largely account for the low figures for dissolved matters in 1955 compared with 1954, for the rainfall in 1955 in Swansea, as indeed throughout Great Britain, was exceptionally low - at the St. Thomas station it was only 38.7 inches for the year as compared with 62.2 inches in 1954 which was an unusually wet year.

It was because of this dependency of soluble deposit on rainfall that it was considered more appropriate to insert in Table A on p.14 for 'Total Dissolved Matter' at the St. Thomas station for the month of May (when the contents of the gauge had undergone casual contamination) the average of the other eleven months of the year instead of the average of the other five summer months, for May was a wet month whereas July and August were exceptionally dry and had an undue influence on the average soluble deposit for the summer months. Since the other figures for this month do not appear to have been significantly affected they are recorded as determined.

Sulphur Pollution during 1955. The results of the measurements of the sulphur bases in the atmosphere by the lead peroxide method are given in Tables A, B and C on pages 14, 15 and 16. This method of estimating sulphur gives a measure of the activity of attack of the sulphur pollution upon buildings, building stones and materials. A clean rural atmosphere will give an average active sulphur pollution figure of approximately 0.25 mgm. SO₃ per 100 sq. cms. per day, while heavily polluted industrial areas give an average figure of 5 or more mgm. SO₃ per 100 sq. cms. per day. The seasonal and yearly variations at the three stations are shown in the table below.

Table F. - Sulphur Pollution, 1955.

	Sulphur dioxide, rate of absorption expressed as milligrams SO ₃ per 100 square centimetres lead peroxide per day		
	Summer	Winter	Whole year
St. Thomas	1.67	3.01	2.34
Llansamlet	0.87	0.94	0.91
The Guildhall	0.60	1.32	0.96

There was a marked increase in pollution by active sulphur gases in the St. Thomas area, for the daily average in 1955 was 2.34 milligrams SO₃ per 100 sq. cms. of lead peroxide as compared with 1.52 milligrams in 1954. Similar comparisons cannot be made for the other two stations since measurements did not commence at them until 1st July, 1954, but the figures for the last six months of these years show that at the Guildhall there was a very similar increase in sulphur pollution - from 0.62 to 1.01 mgms. SO₃ per sq. cm. per day.

The results at St. Thomas and the Guildhall show a marked seasonal variation, the air being noticeably freer from sulphur gases in summer than in winter as might generally be expected since the amount of sulphur dioxide emitted from chimneys is in fairly strict propotion to the amount of coal burned, and during the summer months fires for domestic heating are only occasionally lighted whereas in the winter they are generally lighted whereas in the winter they are generally lighted as a matter of course. At both these stations the sulphur figures are roughly twice as great in winter as in summer.

At Llansamlet, however, the figures for the three consecutive six-monthly periods in which measurements have been made shown no significant alteration in the amount of pollution by sulphur gases:-

Table G - Sulphur Pollution at Llansamlet.

Period	mgms. SO ₃ per 100 sq. cms. per day.
1st July - 31st Dec.1954	0.92
1st Jan. - 30th June1955	0.95
1st July - 31st Dec.1955	0.86

and the figures in Table F show that this pollution was only very slightly less in the summer months than in the winter.

The results obtained at the three Swansea stations are forwarded by the Public Health Department each month to the Superintendent of Observations at the Fuel Research Station, London, and they form part of the nation-wide survey made by the Department of Scientific and Industrial Research. Long-term records are particularly useful, and observations made at an approved site should be continued, for they provide valuable information as to changes in pollution in relation to industrial and other developments in the area. In addition, whether the site is in a clean or a heavily polluted area, the results are invaluable to medical and other investigators studying the effects of pollution.

Measurement of Smoke. Now that measurements are being made of deposited matters and sulphur gases at three sites in the Borough, I would like to suggest that the Health Committee give serious consideration to the installation of one or more instruments for the daily measurement of smoke and sulphur dioxide. Smoke is determined by drawing a known volume of air from outside through a standard intake and passing it through a white filter paper; the amount of smoke collected is estimated by comparing the darkness of the stain with a calibrated "scale of shades", the concentration of smoke being expressed as milligrams of smoke per 100 cubic metres of air. By passing the filtered air through a bubbler containing hydrogen peroxide, daily measurements of sulphur dioxide can be made at the same time. This smoke apparatus requires about 20 to 30 minutes attention at or near to a fixed time every day, except Sundays and Public Holidays, and it could be looked after by a member of the staff of the Chief Public Health Inspector.

Of the pollutants that are being regularly measured by co-operating bodies, the most interesting distribution is probably that of smoke, for it is not only a maker of extra work, but it affects public health both directly and indirectly by cutting off visible and ultra-violet daylight. Moreover, smoke is avoidable and a sign that fuel is being burned wastefully. The results are also of interest because when towns are replanned or modernised the natural outcome is a reduction of the smoke nuisance. Every attempt to relieve overcrowding leads to a more even distribution of smoke in the town as a whole, and every improvement in fuel-burning equipment should reduce the total output of smoke. With the best equipment no smoke is made at all. But comparisons cannot be made without measurements and the passing of the new Clean Air Act emphasises the necessity for such measurements.

WATER SUPPLIES.

Sixty samples of water were submitted by the Public Health Department for chemical, physical and microscopical examination. Of these, 57 were from the Swansea public supplies and they were taken in order to ascertain the organic quality and other characters of the raw water, of the water after treatment, and also upon delivery to consumers. The sources of supply used during the year were the Lliw Reservoirs, the Cray Reservoir, the River Llynfell at Dan-yr-Ogof (used as a supplementary supply when necessary), and the new Usk Reservoir.

During the very dry and hot summer the quality of the water from the Cray Reservoir was a matter of concern to the Water Engineer as this water receives no treatment other than chlorination. On several occasions, the opinion was expressed that the water from this source was not of suitable quality for treatment by chlorine alone, and that the physical characters and organic purity would be much improved by treatment with a coagulant and subsequent filtration. Chlorination should be regarded as supplementary to and not as a substitute for filtration. One sample from the Cray supply contained 0.35 parts per million of manganese in solution.

After the opening of the Bryngwyn Filtration Works on the 8th October, 1955, the water from the new Usk Reservoir was brought into service, and since then samples of both the new and the treated water have been regularly submitted for examination. The results of analysis showed that the treatment was very effective in reducing the colour of the water and in removing organic impurities, and although a slight increase in the hardness is inevitable as a result of the treatment, the water still remained moderately soft.

In addition to the samples from public supplies two from springs and one from a private reservoir were submitted for analysis.

None of the samples submitted contained lead.

The Waterworks Department submitted eight samples for analysis, six of which were water, the other two being hydrated lime (used in water treatment) and orangeade. The orangeade and two of the samples of water were in connection with a complaint by a firm manufacturing soft drinks, while three of the samples of water were submitted specially for examination of fluorine content. This was determined by the perchloric acid distillation procedure with the following results:-

Fluorine Content of Water, August 1955.

Place of Sampling	Fluorine content			
Cray Reservoir, at Nant Gyhyrych Intake.	0.05	part	per	million
Usk Reservoir, at North end of Dam.	0.02	"	"	"
Lliw Reservoir, near overflow shaft at Dam	0.06	"	"	"

These quantities are very small and are insufficient to give consumers protection against dental caries.

SWIMMING BATH WATERS.

Eleven samples of water from swimming baths in the Borough were submitted by the Public Health Department. Seven were from the new Municipal Bath, two from the University College bath and two from the Bishop Gore swimming bath.

Some difficulties in control were experienced shortly after the new Municipal Swimming Bath was brought into use, and the results of analysis provided useful information for correcting faults in treatment and maintaining safe and attractive water in the bath, with freedom from deleterious effects upon the eyes and skin of bathers.

DISPOSAL OF TRADE WASTES.

A sample of a trade waste liquor from a works on the Swansea Trading Estate was examined, and the opinion was given that it was undesirable for such a liquor to be discharged to the sewer. The results of analysis of an effluent from another firm on this estate indicated that there was no reason why the effluent should not be discharged to the foul water sewer.

Consideration also was given to proposals made to the Borough Engineer and Surveyor by three other firms with regard to proposed effluents, and observations were made and advice given to this Department in respect of these propositions.

FERTILISERS AND FEEDING STUFFS.

Twelve samples of fertilisers and four of feeding stuffs were submitted under the provisions of the Fertilisers and Feeding Stuffs Act, 1926, by the Chief Inspector of Weights and Measures. This Act requires Statutory Statements of composition to be given with fertilisers and feeding stuffs, and the Regulations under the Act prescribe limits of variation between these statements and the actual composition of the articles.

All the fertilisers were satisfactory and though there were irregularities in the declaration of the fibre contents of four of the feeding stuffs, only one of these was to the prejudice of the purchaser, the fibre content of a compound feeding stuff being 7.0 per cent. whereas it was declared as 5.0 per cent. In the other three cases the actual fibre contents were less than the amounts declared; one of these samples also contained oil in excess of the amount stated (declared 3.0 per cent, found 3.9 per cent) but again this was ~~not~~ to the prejudice of the purchaser, though the difference was in excess of the variation permitted.

Towards the close of the year, new regulations - The Fertilisers and Feeding Stuffs Regulations, 1955 - were made, and they came into operation on 1st January, 1956. The limits of variation have been revised and greater tolerances for oil and fibre are now permitted.

The Chief Inspector of Weights and Measures also submitted a sample of scones for the determination of its protein and moisture contents.

SWANSEA PORT HEALTH AUTHORITY.

Three samples comprising water, lard and a white powder were examined for the Swansea Port Health Authority.

The water was from Cwmbrombil Reservoir. It was very soft and of good organic purity but it was markedly acid in reaction and likely to have a solvent action on metals. The sample of lard was genuine. There was no evidence of it having undergone contamination with the white powder which was submitted at the same time. The powder was of a plastic nature and chemically it was very inert material.

Unsound Food surrendered and destroyed.

<u>No.of Containers</u>	<u>Commodity</u>	<u>Tons.</u>	<u>Cwts.</u>	<u>Qtrs.</u>	<u>Lbs.</u>	<u>Ozs.</u>
2848	Vegetables	1	9	2	27	4 $\frac{1}{2}$
3066	Fruit	2	4	0	4	8 $\frac{1}{2}$
3250	Meat	3	16	3	4	7
1023	Milk		13	2	21	10
93	Fish			1	12	9
	Wet Fish		10	1	8	
	Imported Meat		5	2	6	
	Bacon		3	3	17	
	Cooked Ham		4	0	26	
	Cooked Meat			2	5	
	Tongue			1	2	
	Liver				15	
	Ham		3	0	26	
	Pork				14	
	Chicken		3	2	10	
	Corned Beef			2	1	
	Beef	1	3	0	4	
	Turkey.			2	20	
	Sausages		2	2	12 $\frac{1}{2}$	
	Butter				3 $\frac{1}{2}$	
	Lamb			1	22	
	Prunes			1	22	
	Potatoes	4	0	1	21	
	Tomatoes			1	1	
	Bananas	2	15	0	4	
	Cheese		6	1	11	
	Carrots	2	3	3	0	
	Cauliflower		6	2	3	
	Cherries		6	2	4	
	Black Pudding			2	3	
	Sweets			3	22	
	Red Cabbage	9	-	-	-	
	Meat		8 carcasses.			
	Offal	517	lbs.			
	Pigs Heads	4				
	Polonies	6	lbs.			
	Onions	45	bags.			
	Jam	9	Pots.			
	Jam	12	lbs.			
	Lard	28	lbs.			
	Pineapple crush.	21	bottles.			
	Pickles.	6	jars.			
	Swiss Rolls.	22	dozen.			
	Sugar Mice.	54	dozen.			
	Soup	20	tins.			
	Sweets	140	lbs.			
	Apples	5	barrels.			
	Apricots	12	lbs.			
	Beans	41	bags.			
	Lime Juice	24	cases.			
	Rusks	9	packets.			
	Seawood	6	bags.			
	Cream	33	tins.			
	Cheese	189	packets			
	Cereals	14	packets			
	Glaze Cherries	12	lbs.			
	Cheeses	15				
	Carrots	142	bags.			
	Nuts	28	lbs.			

SWANSEA ABATTOIR - CARCASSES INSPECTED AND CONDEMNED.

	DESCRIPTION	Cattle Excluding Cows.	Cows	Calves	Sheep & Lambs	Pigs	Tons. Cwts. Qtrs. Lbs.	Total Weight
ALL diseases except Tuberculosis.	No. Killed	2018	1915	5874	27611	11272		
	Whole Carcasses condemned	11	33	22	107	14	11	4 1 9
	Carcasses of which some part or organ was condemned	29	33	6	26	136	1	19 3 23
Tuberculosis only.	Whole Carcasses condemned	19	40	-	-	4	9	17 3 10
	Carcasses of which some part or organ was condemned	5	13	88	-	3		14 1 3
Of f a l	Livers	1802		64	4184	252		
	Part Livers	572						
	Heads	312	19	40	1890	113	30	3 3 19
	Lungs	787	34	13	3249	83		
TOTAL ..							54	0 1 8

FACTORIES.

Inspections.

Non-mechanical factories -	Bakehouses	...	2
	Dressmakers & milliners	...	7
	Tailors	...	4
	Miscellaneous	...	36
Mechanical factories -	Bakehouses	...	23
	Laundries	...	2
	Miscellaneous	...	134
Workplaces other than offices	...	...	2
Miscellaneous outworkers	...	...	4

<u>Nuisances abated.</u>	<u>Found.</u>	<u>Remedied.</u>
Want of cleanliness	6	2
Ineffective drainage of floors	2	11
Sanitary conveniences - insufficient, unsuitable or defective	12	5
Other offences	5	1

1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of:-		Occupiers prosecuted
		Inspections	Written notices	
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities	196	256	20	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	485	474	36	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTAL	681	730	56	-

2. CASES IN WHICH DEFECTS WERE FOUND.

	No. of cases in which defects were found				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	23	10	-	5	-
Unreasonable temperature	1	-	-	1	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	2	2	-	1	-
Sanitary Conveniences:-					
(a) Insufficient	9	3	-	4	-
(b) Unsuitable or defective	16	2	-	12	-
Other offences against the Act (not including offences relating to Outwork)	9	3	-	11	-
TOTAL	60	20	-	34	-

MISCELLANEOUS.

INSPECTIONS.

Gypsies	...	...	1
Tents, Vans, Sheds or similar structures			22
Amusement places	...	...	24
Public Houses	...	...	42
Schools	...	...	3
Swimming baths	...	...	79
Tips	...	...	11
Accumulations	...	...	88
Back lanes	...	...	16
Swine and other animals		...	28
Marine Stores	...	...	1
Smoke or grit observations		...	36
Visits - not classified		...	49

NUISANCES ABATED - AMUSEMENT HOUSES.

Water closets repaired	...	5
Ventilation improved	...	4
Other repairs	...	4

TENTS, VANS, SHEDS.

Removed	...	4
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IMPROVEMENT GRANTS (HOUSING & REPAIRS) ACT. 467

LOCAL LAND CHARGES REGISTRY ENQUIRIES ... 1,291

PHARMACY & POISONS ACT 1933

Visits	7
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SHOPS ACT, 1951.

Visits	10
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PET ANIMAL ACTS, 1951.

Visits	18
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ATMOSPHERIC POLLUTION.

Samples taken - Deposit Gauges	...	30
PBO ₂ Candles	...	30

COMPLAINTS TO:-

Borough Engineer	46
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PLANS EXAMINED.

Satisfactory	740
Unsatisfactory	63

INFECTIOUS DISEASES.

Visits	...	...	1,058
Stools taken re:-	Dysentery	...	1,611
	Gastro-Enteritis	...	150
	General	...	1,868
Urines taken:-	General	...	46
Swabs taken:-		...	8
	Satisfactory	...	2
	Unsatisfactory	...	6
Visits to Beck Laboratory		...	123

DISINFESTATION.

GASSINGS, SPRAYINGS ETC.

Rooms disinfected	...	...	462
Rooms sprayed	...	...	407
Bedding destroyed	...	...	2
Steam disinfection	...	...	1

RODENT CONTROL (OTHER THAN SEWERS)

No. of visits	...	...	5,226
Baits laid	...	...	38,943
Bodies found - rats	...	...	231
- mice	...	...	145

The following return relating to the year ended 31st March 1956 is printed for information:-

	TYPE OF PROPERTY				(5) Agri- cul- tural
	Non-Agricultural				
	(1) Local Author- ity.	(2) Dwelling Houses (inc. Council Houses)	(3) All other (includ- ing Bus- iness Premises)	(4) Total of Cols. (1, (2) & (3)	
I. Number of Properties in L.A.'s district (Notes 1 & 2)	106	43,842	6,742	50,690	187
II. No. of Properties inspec- ted as result of:- (a) Notification (b) Survey under Act (c) Otherwise (e.g. when visited primarily for some other purpose).	112 60 2	509 138 28	81 20 12	702 218 42	- 89 -
III. Total inspections carried out including re-inspect- ions (to be completed only if figures are readily available)					
IV. No. of properties inspected (in Section II) which were found to be infested by:- (a) Rats - Major - Minor (b) Mice - Major - Minor	50 62 24 32	161 283 75 148	29 38 15 18	240 383 114 198	- -
V. No. of infested properties (in Section IV) treated by Local Authority. (Figures should NOT exceed those given at Section IV)	168	667	100	935	-

RODENT CONTROL (SEWERS).

	No. of Manholes Baited.	Partial Takes	Complete Takes	Total Takes	No Takes
Foul	8,224	5,168	624	5,792	2,432
S.W.D.	1,303	598	7	605	698
	9,527	5,766	631	6,397	3,130

SAUSAGE RUSKS - ZINC PHOSPHIDE 2 $\frac{1}{2}$ %.

